

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25206

FILED
Apr 16, 2008
Secretary of State

Entity Name: EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF CHARLOTTE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

3440 DEPEW CIR
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3440 DEPEW CIR
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0047150 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEDERER, JOEL O. ESQU
2733-B TAMiami TRAIL
PORT CHARLOTTE, FL 33925 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENRY, NORMA
Address: 305 SCENIC VIEW DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MOCK, STEVEN
Address: 211611 KNOLLWOOD AVE
City-St-Zip: PORT CHARLOTTE, FL 33951

Title: D (X) Delete
Name: PARKER, ROBERT
Address: 320 SHREVE ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: CUMMINGS, JEAN
Address: 5405 SABAL PALM LANE
City-St-Zip: PUNTA GORDA, FL 33982

Title: S () Delete
Name: HENRY, ROBERT H.
Address: 3055 COMIC VIEW
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: GARNER, DARYL
Address: 1064 CANAL TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL GARNER

MR

04/16/2008

Electronic Signature of Signing Officer or Director

Date