2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N25206

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 (X)**

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:	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:	S	(X) Change ( ) Addition
Name:	HENRY, ROBERT H.	
Address:	305 SCENIC VIEW DR	
City-St-Zip:	PUNTA GORDA, FL 33950	
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 D 04/19/2009

Electronic Signature of Signing Officer or Director — Date