2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25206

1. Entity Name

EYCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90143 050 ****61.25

ABUSE O	F CHARLOTTE COUNTY, FL	ORIDA, INC.		
Principal Place of Business 3440 DEPEW CIR PORT CHARLOTTE FL 33952		Mailing Address 3440 DEPEW CIR PORT CHARLOTTE FL 33952		60013551
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0047150 Applied For Not Applicable
Zip	· Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	1 "	7. Name and Address of New Registered Agent
			Name	
LEDERER, JOEL O. 2733-B TAMIAMI TRAIL			Street Ad	dress (P.O. Box Number is Not Acceptable)
PORT CHARLOTTE FL 33925				
	· ·		City	FL Zip Code
		or the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligati	ions of registered agent. 6			
SIGNATURE .				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signatur	e required when reinstating) DATE
		•		Ataba Ohaala Basabla ta
F	FILE NOW FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Make Check Payable to ☐ Added to Fees Florida Department of State
, i		il user und o		- Added to 1 cos
<u>ಟ</u> .10.	OFFICERS AND DI	RECTORS .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	PD	☐ Delete	TITLE	PR
*NAME	HENRY, NORMA L		NAME	HENRY NORMA L
STREET ADDRESS	2200 EL CERITO CT	,,••	STREET ADDRESS	PUNTA GORDA FL 33950
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	
TITLE	D DAY	Delete	TITLE	CAROL FENNER, Change MAddition
NAME	BOOMHOWER, RAY		NAME STREET ADDRESS	6034 GOLF COURSE BLUD.
STREET ADDRESS CITY-ST-ZIP	5229 DUCAN RD PUNTA GORDA FL 33950		CITY-ST-ZIP	PUNTA GORDA FL. 33982-1801
	D	□ Delete	TITLE	☐ Change ☐ Addition
TITLE NAME	PARKER, ROBERT	L Delete	NAME	CUMMINGS MELODY
STREET ADDRESS	320 SHREVE ST		STREET ADDRESS	3121 UBSCO STREET
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL. 33950
TITLE	D	☐ Delete	TITLE	○ Change □ Addition
NAME	CUMMINGS, JEAN		NAME	MOCK, STEVEN 2/161 KNOLLWOOD AVE.
STREET ADDRESS CITY-ST-ZIP	522 TABOR ST		STREET ADDRESS CITY-ST-ZIP	PORT CHARLOTTE, FL. 33951
	PUNTA GORDA FL 33950		TITLE	SD Change Addition
TITLE NAME	HENRY, ROBERT H.	. Li Delete	NAME	HENRY ROBERT H.
STREET ADDRESS	2200 ELCERITO CT		STREET ADDRESS	305 SCENIC VIBW
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D	Delete	TITLE	Change DAddition
NAME	REILLY, MICKEY		NAME	DANYL GARNER
	3334 MIDDLETON ST		STREET ADDRESS	1064 CANAL TBRUDER
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, PZ 33948

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DEQUIDARYL GARNER 02/26/03 (941)(457-7604)