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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40825** (4)

1. Corporation Name

**CHARIS CENTER, INC.**

Principal Place of Business

Mailing Address

**4041 BAHIA VISTA STREET  
SARASOTA FL 34232-2421**

**4041 BAHIA VISTA STREET  
SARASOTA FL 34232-2421**

3. Date Incorporated or Qualified

**11/13/1990**

4. FEI Number

**65-0235200**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENLINGER, GLEN  
4041 BAHIA VISTA ST  
SARASOTA FL 34232**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Glen Denlinger*  
Signature typed or printed name of registered agent and title if applicable

**Glen Denlinger, Director**

**4/2/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D COLLINS, CHRIS**  
STREET ADDRESS **3920 BEE RIDGE RD. BLDG C-D**  
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D VANDERWILT, JUDY**  
STREET ADDRESS **5879 FORESTER POND AVE**  
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **DS HESS, MERVIN**  
STREET ADDRESS **7482 CASTLE DR**  
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **C PLANK, ED**  
STREET ADDRESS **4583 TRAILS DRIVE**  
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **DT MILLER, BETH**  
STREET ADDRESS **2052 OLENTARY WAY**  
CITY - ST - ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **D ANDERSEN, KARL**  
STREET ADDRESS **2640 BOUGAINVILLEA**  
CITY - ST - ZIP **SARASOTA FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Glen Denlinger*

**4/2/98 (941) 378-1549**

CR2E037 (10/97)