

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 045 ****61.25

DOCUMENT # N40825
1. Entity Name
CHARIS CENTER, INC.



Principal Place of Business: **4041 BAHIA VISTA STREET SARASOTA FL 34232-2421**
Mailing Address: **4041 BAHIA VISTA STREET SARASOTA FL 34232-2421**

24010300



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **65-0235200**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DENLINGER, GLEN
4041 BAHIA VISTA ST
SARASOTA FL 34232**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **3-1-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	T MILLER, DANNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1465 FOXCREEK DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE NAME	C SCHLABECH, NAOMI	<input type="checkbox"/> Delete
STREET ADDRESS	5885 IBIS ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME	SD MARSDEN, RICK FATHER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	222 S. PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	DV KIRACOFE, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	4341 DRESDEN LN	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T Beachey, Dale	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4929 Old Creek Dr.	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE NAME	Schlach, Naomi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Henry-Rinchart, Jan Rev.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	700 E. Dearborn St.	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **Naomi Schlabech** DATE: **3-1-04** DAYLINE PHONE #: **941-378-1549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR