

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90046 004 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01192007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0235200				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Glen Denlinger, Executive Director</u> <u>Am</u> <u>Abeliza</u> <u>1/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEACHEY, DALE 4929 OLD CREEK DR SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHLABACH, NAOMI P.O. BOX 7675 SARASOTA, FL 34278	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TO CHAIR REID, DENNIS (PASTOR) 7045 N TAMiami TRAIL SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP CHAIRPERSON HENRY-RINEHART, JAN REV. 700 E DEARBORN ST ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRACOFE, BARBARA 4341 DRESDEN LN SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN JACOBS 4231 HYMONT AVENUE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLL, DALE 1841 SANDELWOOD DRIVE SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIENER, DORIS 1548 SPRINGWOOD DRIVE SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS YODER 8314 MARKET ST #487 LAKEWOOD RANCH, FL 34202
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Am</u> <u>Abeliza</u> <u>Glen Denlinger, Executive Director</u> <u>1/19/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(941) 378-1549