

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40825

FILED  
Mar 07, 2011  
Secretary of State

Entity Name: CHARIS CENTER, INC.

**Current Principal Place of Business:**

4041 BAHIA VISTA STREET  
SARASOTA, FL 342322421

**New Principal Place of Business:**

**Current Mailing Address:**

4041 BAHIA VISTA STREET  
SARASOTA, FL 342322421

**New Mailing Address:**

FEI Number: 65-0235200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOOD, SHIRLEY  
4041 BAHIA VISTA ST  
SARASOTA, FL 34232 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: TD  
Name: CAPPAR, ANGEL  
Address: 1782 OLD SUMMERWOOD BLVD  
City-St-Zip: SARASOTA, FL 34232

Title: D  
Name: MARTIN, JEAN  
Address: 1922 E. LEEWYNN DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: DP  
Name: MARSDEN, RICHARD REV  
Address: 2812 - 38TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

Title: D  
Name: WILKINS, PEGGY REV  
Address: 101 N OXFORD DRIVE  
City-St-Zip: ENGLEWOOD, FL 34225

Title: DVP  
Name: STOLL, DALE  
Address: 1841 SANDELWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: OSWALD, WES  
Address: 4386 SAMOSET DRIVE  
City-St-Zip: SARASOTA, FL 34241

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY GOOD

RA

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date