

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90292 021 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0235200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

T  
NAME **MILLER, DANNY** ☐ Delete  
STREET ADDRESS **1465 FOXCREEK DR**  
CITY-ST-ZIP **SARASOTA FL 34240**

C  
NAME **VANDERWILT, JUDY** ☒ Delete  
STREET ADDRESS **5679 FORESTER POND AVE**  
CITY-ST-ZIP **SARASOTA FL**

C  
NAME **SCHLABECH, NAOMI** ☐ Delete  
STREET ADDRESS **5885 IBIS ST**  
CITY-ST-ZIP **SARASOTA FL 34231**

SD  
NAME **MARSDEN, RICK FATHER** ☐ Delete  
STREET ADDRESS **222 S. PALM AVE**  
CITY-ST-ZIP **SARASOTA FL 34236**

DV  
NAME **HAMILTON, JANET** ☒ Delete  
STREET ADDRESS **320 BLACKBURN RD**  
CITY-ST-ZIP **NOKOMIS FL 34275**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
NAME **Barbara Kiracofe** ☐ Change ☒ Addition  
STREET ADDRESS **4341 Dresden Lane**  
CITY-ST-ZIP **Sarasota FL 34233**

☐ Change ☐ Addition  
TITLE  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Glen Denlinger** (941)  
**Executive Director** 4-21-03 378-1549

CR2E037 (10/02)