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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001876**

1. Corporation Name

COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC.

* 421736 - 90256 - 17 *

Principal Place of Business	Mailing Address
256 E OLYMPIA AVE PUNTA GORDA FL 33950	P.O. BOX 1573 PUNTA GORDA FL 33951

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0496363 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WYNN, NEAL, JUANITA W
1271 RIO DE JANEIRO AVE.
PUNTA GORDA FL 33983

10. Name and Address of New Registered Agent

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 Juanita S. Wynn - Juanita S. Wynn 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JOHN H		1.2 NAME		
STREET ADDRESS	624 SHOWALTER AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	MOORE, JAMES		2.2 NAME	Garner, Daryl	
STREET ADDRESS	201 W. VIRGINIA AVE.		2.3 STREET ADDRESS	1046 Canal Terrace	
CITY-ST-ZIP	PUNTA GORDA FL 33950		2.4 CITY-ST-ZIP	Port Charlotte, Fl. 33948	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, CORNELL C		3.2 NAME		
STREET ADDRESS	111 REVERE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		3.4. CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	NEAL, JUANITA W		4. 2 NAME	Wynn, Juanita S.	
STREET ADDRESS	1271 RIO DE JANERIO AVE.		4.3 STREET ADDRESS	1271 Rio de Janeiro	
CITY-ST-ZIP	PUNTA GORDA FL 33983		4.4 CITY-ST-ZIP	Punta Gorda, Fl 33983	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOTITSKY, LEO		5.2 NAME		
STREET ADDRESS	201 W. MARION AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	COSSEY, GEHODIEST		6.2 NAME	Moore, James	
STREET ADDRESS	629 TRABUE AVE.		6.3 STREET ADDRESS	201 Virginia Ave.	
CITY-ST-ZIP	PUNTA GORLA FL 33950		6.4 CITY-ST-ZIP	Punta Gorda, Fl 33950	

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, with all other like empowered.

SIGNATURE: Juanita S. Wynn FOR REJUANITA S. WYNN 4/22/99 941-575-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)