2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am g Secretary of State DOCUMENT # **N94000001876** 1. Entity Name COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC. 05-01-2001 90074 020 ****61.25 Principal Place of Business Mailing Address 256 E OLYMPIA AVE P.O. BOX 1573 PUNTA GORDA FL 33951 U**UU45**U6U PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0496363 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WYNN, JUANITA # 1 1271 RIO DE JANEIRO AVE. **PUNTA GORDA FL 33983** Zip Code City 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 **SIGNATURE** DATE 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) DP TITLE Delete TITLE $\mathcal{D}S$ Change . ☐ Addition Juanita S. Wynn 1271 Rio de Janeiro Ave. NAME ALLEN, JOHN H NAME STREE (ADDRESS STREET ADDRESS 624 SHOWALTER AVE. CITY-ST-ZIP CITY-ST-ZIP Punta Gorda, Fl. 33983 **PUNTA GORDA FL 33950** TITLE DVP Delete TITLE **DNP** Change Addition NAME GARNER, DARYL NAME STREET ADDRESS STREET ADDRESS 1046 CANAL TERRACE CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GREEN, CORNELL C NAME STREET ADDRESS 111 REVERE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 M Delete TITLE TITLE TŒ Change Acdition WYNN, JUANITA S NAME STREET ADDRESS 1271 RIO DE JANEIRO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33983** ☐ Delete TITLE Change TITLE Addition WOTITSKY, LEO NAME NAME STREET ADDRESS 201 W. MARION AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** TITLE ☐ Delete TITLE Change | ☐ Addition NAME MOORE, JAMES NAME STREET ADDRESS 201 VIRGINIA AVENUE STREET ADDRESS

12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered.

PUNTA GORDA FL 33950

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01 941-575-4!

FILED