## **2002 UNIFORM BUSINESS REPORT (UBR) FILED** May 24, 2002 8:00 am Secretary of State DOCUMENT # **N94000001876** 1. Entity Name COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC. 05-24-2002 91308 035 \*\*\*\*61.25 Principal Place of Business 125 Charlotte Ave, E Mailing Address P.O. BOX 1573 PUNTA GORDA FL 33950 PUNTA GORDA FL 33951 US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0496363 Not Applicable Zip 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 🗱 🛴 1271 RIO DE JANEIRO AVE. **PUNTA GORDA FL 33983** City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DVP TITLE ☐ Delete TITLE X Addition (9/01) Change NAME FREDERICK, ANNIE L NAME STREET ADDRESS **CR2E037** 1616 CHARLANA ST STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP PUNTA GORDA FL 33950 DT TITLE ☐ Delete TITLE ☐ Change NEAL, ROBERT JR NAME NAME STREET ADDRESS HARRISON CIRCLE #2 STREET ADDRESS CITY-ST-ZIP CITY\*ST-7IP **PUNTA GORDA FL 33950** TITLE DS ☐ Defete TITLE ☐ Change ☐ Addition GREEN, CORNELL C NAME NAME STREET ADDRESS 111 REVERE ST. STREET ADDRESS CITY-ST-7IP PORT CHARLOTTE FL 33952 CITY-ST-ZIP DP TITLE ☐ Delete TITLE Change ☐ Addition NAME WYNN, JUANITA S NAME STREET ADDRESS 1271 RIO DE JANEIRO STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33983** CITY-ST-ZIP D Delete TITLE ☐ Change ☐ Addition wotitsky, leo NAME STREET ADDRESS 201 W. MARION AVE. STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME MOORE, JAMES NAME STREET ADDRESS 201 VIRGINIA AVENUE STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-7IP 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 Daytime Phone #