

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91219 025 ****61.25

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1. Entity Name

COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC.



Principal Place of Business

125 CHARLOTTE AVE E
PUNTA GORDA FL 33950
US

Mailing Address

P.O. BOX 1573
PUNTA GORDA FL 33951
US

24066675



MOORE CR2E037 (11/03)

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

65-0496363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYNN, JUANITA W. L.
1271 RIO DE JANEIRO AVE. 2028 Cattleman Dr.
PUNTA GORDA FL 33983 Brandon, FL 33511

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
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Delete
NAME SUBER, REV. GARY
STREET ADDRESS BROADRANCH
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE **Juanita L. Wynn, President** ☐ Change ☒ Addition
NAME
STREET ADDRESS **2028 Cattleman Dr.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE DT ☐ Delete
NAME CLARK, BRENDA
STREET ADDRESS 22187 BREEZESWEPT AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE **DS** ☐ Change ☒ Addition
NAME **Sana Davis**
STREET ADDRESS **1841 Lavilla Rd.**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE DS ☒ Delete
NAME REINBOLD, JENNIFER
STREET ADDRESS 23161 MCBURVEY
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE **D** ☐ Change ☒ Addition
NAME **Valerie Wilson**
STREET ADDRESS **3181 Crestwood**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE D ☒ Delete
NAME HECKMAN, JAMES
STREET ADDRESS 570 DALTON ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE **D** ☐ Change ☒ Addition
NAME **Heckman, James**
STREET ADDRESS **23161 MCBurney**
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE D ☐ Delete
NAME GRACE, JOYCE
STREET ADDRESS 26105 TATTERSALL LANE
CITY-ST-ZIP PUNTA GORDA FL 33983

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

TITLE D ☒ Delete
NAME ROSS, BETTY
STREET ADDRESS 4200 PINECREST DR.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Change ☐ Addition
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:

Juanita L. Wynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

941-575-4700
Daytime Phone #