

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90050 008 ****70.00

DOCUMENT # N94000001876	
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
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2. Principal Place of Business 5400 Riverside Drive Suite, Apt. #, etc. Box 3522 City & State Punta Gorda, FL Zip 33982 Country US	3. Mailing Address 5400 Riverside Drive Suite, Apt. #, etc. Box 3522 City & State Punta Gorda, FL Zip 33982 Country US
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03192005 Chg-NP CR2E037 (10/03)

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 WYNN, JUANITA W 2028 CATTLEMAN RD BRANDON, FL 33511	7. Name and Address of New Registered Agent Name Davis, Sana-J. Street Address (P.O. Box Number is Not Acceptable) 1841 La Villa Road City Punta Gorda FL Zip Code 33950
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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 **Sana J. Davis Registered Agent Sana J. Davis** 3/21/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP SUBER, REV. GARY BROADRANCH PORT CHARLOTTE, FL 33948 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FPO PRIESTER, LOUISE 1515 FORREST NELSON BLVD L-105 PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, BRENDA 22187 BREEZESWEPT AVE. PORT CHARLOTTE, FL 33952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS PRIESTER DEAN 1515 FORREST NELSON BLVD L-105 PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, JUANITA L 2028 CATTLEMAN DR BRANDON, FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, SARA 1841 LAVILLE RD PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA/V/T DAVIS, SANA 1841 La Villa Road Punta Gorda, FL 33950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE, JOYCE 26105 TATTERSALL LANE PUNTA GORDA, FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT GORNITZKY, DAVID 5571 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, VALERIE 3181 CRESTWOOD PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wilson, VALERIE 3181 CRESTWOOD DRIVE PORT CHARLOTTE, FL 33948 ☒ Change ☐ Addition

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: **Sana J. Davis Sana J. Davis** 3/21/2005 941-276-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #