

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90001 041 ****70.00

DOCUMENT # N94000001876					
1. Entity Name COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC.					
Principal Place of Business 5400 RIVERSIDE DRIVE PO BOX 3522 PUNTA GORDA, FL 33982 US			Mailing Address 5400 RIVERSIDE DRIVE PO BOX 3522 PUNTA GORDA, FL 33982 US		
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>		<div style="font-size: 24px; font-weight: bold;">50021360</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 65-0496363	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, SARAJ → SANA 1841 LA VILLA ROAD PUNTA GORDA, FL 33950 <i>Sana J. Davis</i>			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 <i>Sjunedavis</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	FPO PRIESTER, LOUISE 1515 FORREST NELSON BLVD L 105 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS PRIESTER, DEAN 1515 FORREST NELSON BLVD L 105 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, JUANITA L 2028 CATTLEMEN DR BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, SANA <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1841 La Villa Rd Punta Gorda, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAVT DAVIS, SANA 1841 LAVILLA ROAD PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORTON, VERNON 1841 La Villa Road Punta Gorda, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT GORNITZ, DAVID 5571 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JUANITA L. WYNN 2028 CATTLEMEN DR BRANDON, FL 33511		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete WILSON, VALERIE 3181 CRESTWOOD DRIVE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wilson, Valerie 1841 B La Villa Road Punta Gorda, FL 33950		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sana J. Davis</i> 6/8/06 941-505-9865					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					