

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90014 027 ****70.00

DOCUMENT # N94000001876 1. Entity Name COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC.					
Principal Place of Business 5400 RIVERSIDE DRIVE BOX 3522 PUNTA GORDA, FL 33982 US			Mailing Address 5400 RIVERSIDE DRIVE BOX 3522 PUNTA GORDA, FL 33982 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0496363	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, SANA J 1841 LA VILLA ROAD PUNTA GORDA, FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	FPO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIESTER, LOUISE		NAME	MAJORS, KARLA	
STREET ADDRESS	1515 FORREST NELSON BLVD L 105		STREET ADDRESS	5400 RIVERSIDE DRIVE BOX 3522	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	MS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIESTER, DEAN		NAME	DAVIS BILL	
STREET ADDRESS	1515 FORREST NELSON BLVD L 105		STREET ADDRESS	1841 LAVILLA ROAD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, SANA		NAME		
STREET ADDRESS	1841 LAVILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	HED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYNN, JUANITA L		NAME		
STREET ADDRESS	2028 CATTLEMAN DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, VALERIE		NAME	MORTON, VALERIE	
STREET ADDRESS	1841-B LAVILLA ROAD		STREET ADDRESS	5400 RIVERSIDE DRIVE BOX 3523	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MORTON, VERNON	
STREET ADDRESS			STREET ADDRESS	5400 RIVERSIDE DRIVE BOX 3523	
CITY-ST-ZIP			CITY-ST-ZIP	PUNTA GORDA, FL 33982	
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: <u>Sana J. Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/26/07</u> <u>941-276-1240</u> <small>Date Daytime Phone #</small>		