2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N94000001876

Entity Name: COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC.

Current Principal Place of Business:

5400 RIVERSIDE DRIVE
3522
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

5400 RIVERSIDE DRIVE
3522
PUNTA GORDA, FL 33982 US

New Mailing Address:

FEI Number: 65-0496363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, SANA J
1841 LA VILLA ROAD
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MAJORS, KARLA D	
Address:	5400 RIVERSIDE DR # 3522	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	MS	( ) Delete
Name:	DAVIS, BILL L	
Address:	1841 LAVILLA RD	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	PT	( ) Delete
Name:	DAVIS, SANA J	
Address:	1841 LAVILLA ROAD	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	HED	( ) Delete
Name:	WYNN, JUANITA S	
Address:	2028 CATTLEMAN DR	
City-St-Zip:	BRANDON, FL 33511	
Title:	VPS	( ) Delete
Name:	MORTON, VALERIE L	
Address:	21891 BUXTON	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	P	( ) Delete
Name:	MORTON, VERNON W	
Address:	21891 BUXTON	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANA J. DAVIS RAP 04/06/2009

Electronic Signature of Signing Officer or Director — Date