

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005478 (1)

1. Corporation Name

ARC OF CHARLOTTE COUNTY, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 3569
PORT CHARLOTTE FL 33949

POST OFFICE BOX 3569
PORT CHARLOTTE FL 33949-3569

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

APPLIED FOR 65-0656898

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, WALTE DOUGLAS
18425 HOTTELET CIRCLE
PORT CHARLOTTE FL 33948

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME SLOAN, W. DOUGLAS
STREET ADDRESS 18425 HOTTELET CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

11 TITLE P Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D DELETE
NAME MUNGOVAN, ROBERT
STREET ADDRESS 2470 PEBBLE CREEK PL
CITY-ST-ZIP PORT CHARLOTTE FL 33948

21 TITLE V Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D DELETE
NAME SLOAN, MARY
STREET ADDRESS 18425 HOTTELET CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

31 TITLE S Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D DELETE
NAME MARTEL, DIANE
STREET ADDRESS 22311 LASALLE ROAD
CITY-ST-ZIP PORT CHARLOTTE FL

41 TITLE T Change Addition
42 NAME CINDY MARTIN
43 STREET ADDRESS 937 TROPICAL AVE
44 CITY-ST-ZIP Port Charlotte FL 33948

TITLE D DELETE
NAME BLAYLOCK, JUDITH
STREET ADDRESS 18458 INWOOD AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D DELETE
NAME MIZE, MARYANN
STREET ADDRESS 1053 KENSINGTON STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33980

61 TITLE D Change Addition
62 NAME MUNGovan, LINDA
63 STREET ADDRESS 2470 Pebble Creek Pl
64 CITY-ST-ZIP Port Charlotte, FL 33948

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signatures] 1/30/97 941-677-8771

CR2E037 (9/96)