

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90041 006 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005478

1. Corporation Name

ARC OF CHARLOTTE COUNTY, INC.

DOCUMENT - 1

Principal Place of Business
 POST OFFICE BOX 3569
 PORT CHARLOTTE FL 33949

Mailing Address
 POST OFFICE BOX 3569
 PORT CHARLOTTE FL 33949



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0656898	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	W	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOAN, W. DOUGLAS		1.2 NAME		
STREET ADDRESS	18425 HOTTELET CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNGOVAN, ROBERT		2.2 NAME		
STREET ADDRESS	2470 PEBBLE CREEK PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOAN, MARY		3.2 NAME		
STREET ADDRESS	18425 HOTTELET CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, CINDY		4.2 NAME		
STREET ADDRESS	937 TROPICAL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAYLOCK, JUDITH		5.2 NAME		
STREET ADDRESS	18458 INWOOD AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNGOVAN, LINDA		6.2 NAME		
STREET ADDRESS	2470 PEBBLE CREEK PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Cynthia Martin* **SIGNATURE REQUIRED** *CYNTHIA MARTIN - Treasurer* 1-12-99 941-743-1476

CR2E037 (1/98)