


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005478
1. Entity Name
ARC OF CHARLOTTE COUNTY, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 495021 POST OFFICE BOX 495021
PORT CHARLOTTE, FL 33949-5021 PORT CHARLOTTE, FL 33949-5021

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0656898 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SLOAN, WALTE DOUGLAS
18425 HOTTELET CIRCLE
PORT CHARLOTTE, FL 33948

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SLOAN, W. DOUGLAS
STREET ADDRESS	18425 HOTTELET CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	P
NAME	MUNGOVAN, ROBERT
STREET ADDRESS	2470 PEBBLE CREEK PL
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	SANKEY, PAM
STREET ADDRESS	137 MILLPORT STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	T
NAME	MARTIN, CINDY
STREET ADDRESS	937 TROPICAL AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	BLAYLOCK, JUDITH
STREET ADDRESS	18458 INWOOD AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	D
NAME	MUNGOVAN, LINDA
STREET ADDRESS	2470 PEBBLE CREEK PL
CITY-ST-ZIP	PORT CHARLOTTE, FL

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01/20/04-80079-004 61.25

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12. 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 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: Cynthia Martin Treasurer CYNTHIA MARTIN 12/14/03 941-743-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #