


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90084 009 ****61.25

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

50005286



01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0656898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN, WALTER DOUGLAS
18425 HOTTELET CIRCLE 4208 Bur St
PORT CHARLOTTE, FL 33948

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Treas. **CYNTHIA MARTIN** 1/21/05 941-743-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #