


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90011 023 ****61.25

DOCUMENT # N95000005478

1. Entity Name
ARC OF CHARLOTTE COUNTY, INC.



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

Mailing Address
**POST OFFICE BOX 495021
 PORT CHARLOTTE, FL 33949-5021**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052006 Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SLOAN, WALTE DOUGLAS 4208 BUR ST PORT CHARLOTTE, FL 33948		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLOAN, W. DOUGLAS 4208 BUR ST PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNGOVAN, ROBERT 2470 PEBBLE CREEK PL PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2511 Pebble Creek Pl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKEY, PAM 137 MILLPORT STREET PORT CHARLOTTE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Florence Hunter 4251 Day St. Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, CINDY 937 TROPICAL AVE PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAYLOCK, JUDITH 18458 INWOOD AVENUE PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mary Sloan 4208 Bur St. Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNGOVAN, LINDA 2470 PEBBLE CREEK PL PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2511 Pebble Creek Pl

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **CYNTHIA MARTIN, TREASURER** 1/19/06 941-743-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #