


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005478 1. Entity Name ARC OF CHARLOTTE COUNTY, INC.	
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Principal Place of Business POST OFFICE BOX 495021 PORT CHARLOTTE, FL 33949-5021	Mailing Address POST OFFICE BOX 495021 PORT CHARLOTTE, FL 33949-5021
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP CR2E037 (4/06)

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, WALTE DOUGLAS
 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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLOAN, W. DOUGLAS 4208 BUR ST PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNGOVAN, ROBERT 2511 PEBBLE CRK PL PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, FLORENCE 4251 DAY ST PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, CINDY 937 TROPICAL AVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, MARY 4208 BUR ST PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNGOVAN, LINDA 2511 PEBBLE CRK PL PORT CHARLOTTE, FL

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 01/17/07-80075-013 61.25

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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 1/10/07 941-723-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #