


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90099 030 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country


City & State  
 Zip Country

4. FEI Number  
**65-0656898**

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

**6. Name and Address of Current Registered Agent**  
**SLOAN, WALTER DOUGLAS**  
**4208 BUR ST**  
**PORT CHARLOTTE, FL 33948**

4000000000



01072008 Chg-NP CR2E037 (12/06)

Applied For  
 Not Applicable

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	SLOAN, W. DOUGLAS	
STREET ADDRESS	4208 BUR ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUNGOVAN, ROBERT	
STREET ADDRESS	2511 PEBBLE CRK PL	
CITY-ST-ZIP	PORT CHARLOTTE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, FLORENCE	
STREET ADDRESS	4251 DAY ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, CINDY	
STREET ADDRESS	937 TROPICAL AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, MARY	
STREET ADDRESS	4208 BUR ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNGOVAN, LINDA	
STREET ADDRESS	2511 PEBBLE CRK PL	
CITY-ST-ZIP	PORT CHARLOTTE, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, Treasurer 1/10/08 941-743-1988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #