

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005478

FILED
Jan 10, 2009
Secretary of State

Entity Name: ARC OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

POST OFFICE BOX 495021
PORT CHARLOTTE, FL 339495021

New Principal Place of Business:

4208 BUR ST
PORT CHARLOTTE, FL 33948

Current Mailing Address:

POST OFFICE BOX 495021
PORT CHARLOTTE, FL 339495021

New Mailing Address:

FEI Number: 65-0656898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, WALTE DOUGLAS
4208 BUR ST
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

SLOAN, W. DOUGLAS
4208 BUR ST
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: W. DOUGLAS SLOAN

01/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SLOAN, W. DOUGLAS
Address: 4208 BUR ST
City-St-Zip: PORT CHARLOTTE, FL

Title: P (X) Delete
Name: MUNGOVAN, ROBERT
Address: 2511 PEBBLE CRK PL
City-St-Zip: PORT CHARLOTTE, FL

Title: T () Delete
Name: MARTIN, CINDY
Address: 937 TROPICAL AVE
City-St-Zip: PORT CHARLOTTE, FL

Title: D () Delete
Name: SLOAN, MARY
Address: 4208 BUR ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Delete
Name: MUNGOVAN, LINDA
Address: 2511 PEBBLE CRK PL
City-St-Zip: PORT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLOAN, W. DOUGLAS
Address: 4208 BUR ST
City-St-Zip: PORT CHARLOTTE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA MARTIN

T

01/10/2009

Electronic Signature of Signing Officer or Director

Date