

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005478

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** ARC OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

4208 BUR ST  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: MARTIN, CINDY  
Address: 937 TROPICAL AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S  
Name: SLOAN, MARY  
Address: 4208 BUR ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D  
Name: BLAYLOCK, JUDITH  
Address: 18458 INWOOD AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D  
Name: PACYNA, WANDA  
Address: 4700 BOSTON TERR  
City-St-Zip: NORTH PORT, FL 34288

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA MARTIN

T

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date