

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90212 016 ****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

4. FEI Number **65-0656898**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOAN, WALTE DOUGLAS
18425 HOTTELET CIRCLE
PORT CHARLOTTE FL 33948

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	SLOAN, W. DOUGLAS	18425 HOTTELET CIRCLE	PORT CHARLOTTE FL	<input type="checkbox"/>
P	MUNGOVAN, ROBERT	2470 PEBBLE CREEK PL	PORT CHARLOTTE FL	<input type="checkbox"/>
S	SLOAN, MARY	18425 HOTTELET CIRCLE	PORT CHARLOTTE FL	<input type="checkbox"/>
T	MARTIN, CINDY	937 TROPICAL AVE	PORT CHARLOTTE FL	<input type="checkbox"/>
D	BLAYLOCK, JUDITH	18458 INWOOD AVENUE	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
D	MUNGOVAN, LINDA	2470 PEBBLE CREEK PL	PORT CHARLOTTE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Pam Sankey - Directors	137 Millport St.	Port Charlotte, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Scott Sankey	137 Millport St.	Port Charlotte, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **CYNTHIA MARTIN** **1/7/03** **941-743-1988**

CR2E037 (10/02)