


APPROVED
AND
FILED

1997 SEP 26 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005784 (1)

1. Corporation Name
RAPE TRAUMA CENTER, INC.

Principal Place of Business
2023 JEFFCOTT STREET
FORT MYERS FL 33901

Mailing Address
P.O. BOX 6548
FORT MYERS FL 33911

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

g. Name and Address of Current Registered Agent
WILLIAMS, GLORY
2023 JEFFCOTT STREET
FORT MYERS FL 33901

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GOFF, AMANDA
P.O. DRAWER 2218
FT MYERS FL 33902-2218

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BOYD, CONNIE
2727 WINKLER AVE
FORT MYERS FL 33901

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SUMMERS, LINDA
8111 COLLEGE PARKWAY
FORT MYERS FL 33919

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
DEWAR, BONNIE J
2804 DEL PRADO BLVD, STE 103
CAPE CORAL FL 33904

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WILLIAMS, GLORY
P.O. BOX 6548
FORT MYERS FL 33911

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

500002309335--9
-10/01/97-0000-002
*****61.25 *****61.25

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition


6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

FILED
1997 SEP 26 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
11/12/1996
3a. Date of Last Report
4. FEI Number
65-0717672
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes No