

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 9/30/98: \$1.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$23.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

2023 JEFFCOTT STREET
FORT MYERS FL 33901

P.O. BOX 6548
FORT MYERS FL 33911

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0717672

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

FL 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GOFF, AMANDA ☐ DELETE
STREET ADDRESS P.O. DRAWER 2218 N/A
CITY-ST-ZIP FT MYERS FL 33902-2218

TITLE VD
NAME BOYD, CONNIE ☐ DELETE
STREET ADDRESS 2727 WINKLER AVE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE SD
NAME SUMMERS, LINDA ☐ DELETE
STREET ADDRESS 8111 COLLEGE PARKWAY
CITY-ST-ZIP FORT MYERS FL 33919

TITLE TD
NAME DEWAR, BONNIE J ☐ DELETE
STREET ADDRESS 2804 DEL PRADO BLVD, STE 103
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME WILLIAMS, GLORY ☐ DELETE
STREET ADDRESS P.O. BOX 6548 N/A
CITY-ST-ZIP FORT MYERS FL 33911

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DR SON BRUNNER
1.3 STREET ADDRESS 1275 CYPRESS PT. DR
1.4 CITY-ST-ZIP FT. MYERS, FL 33912

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BONNIE DEWAR
2.3 STREET ADDRESS 2804 DEL PRADO BLVD STE 103
2.4 CITY-ST-ZIP CAPE CORAL, FL 33904

3.1 TITLE L ☐ Change ☐ Addition
3.2 NAME SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME KEN WARRINER
4.3 STREET ADDRESS 2201 2ND ST. STE 600
4.4 CITY-ST-ZIP FT. MYERS, FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME SAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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:

Glory Williams

Glory Williams

7/21/98

441-334-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 30 1998 8:00am
Secretary of State

0010033

CR2E037 (5/98)