

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90022 001 \*\*\*\*61.25

DOCUMENT # N96000005784

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

2023 JEFFCOTT ST.

Suite, Apt. #, etc.

FT. MYERS

City & State

FL

Zip

33901

Country

LEE

2a. Mailing Address

PO Box 6548

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip

33911

Country

LEE

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

9. Name and Address of Current Registered Agent

WILLIAMS, GLORY

2023 JEFFCOTT STREET

FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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

PD BRUNNER, JON D 7275 CYPRESS PT DR FT MYERS FL 33912	<input type="checkbox"/> DELETE
VD DEWAR, BONNIE 2804 DEL PRADO BLVD STE 103 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> DELETE
SD SUMMERS, LINDA 8111 COLLEGE PARKWAY FORT MYERS FL 33919	<input type="checkbox"/> DELETE
TD WARRINER, KEN 2201 2ND ST STE 600 FT MYERS FL 33904	<input type="checkbox"/> DELETE
D WILLIAMS, GLORY P.O. BOX 6548 N/A FORT MYERS FL 33911	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEAN KAESTNER
3.3 STREET ADDRESS	PO Box 6548
3.4 CITY-ST-ZIP	FT. MYERS, FL 33911
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEAN KAESTNER
4.3 STREET ADDRESS	PO Box 6548
4.4 CITY-ST-ZIP	FT. MYERS, FL 33911
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Williams

Date

5/25/99

Daytime Phone #

941-334-3379

CR2E037 (11/98)