

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90005 024 ****61.25

DOCUMENT # N96000005784

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0717672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOWALSKI, JO ANNE T
 2023 JEFFCOTT STREET
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **Kathleen K Johnson, CPA**

Street Address (P.O. Box Number is Not Acceptable)
1031 SE 26 Terr

City **Cape Coral**

FL

Zip Code **33904**

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.

SIGNATURE

Kathleen K Johnson Treasurer

4/22/02

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

(NOT 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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWAR, BONNIE J LMHC 923 DEL PRADO BLVD, SOUTH, #206 CAPE CORAL FL 33990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAESTNER, DEAN 3434 HANCOCK BRIDGE PKWY. N. FORT MYERS FL 33903	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKI, JO ANNE T PO BOX 6548 FORT MYERS FL 33911	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, DEANNE 4980 BAYLINE DR., 4TH FLOOR N. FT. MYERS FL 33918	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWANSON, KIM 14750 SIX MILE CYPRESS PKWY. N. FORT MYERS FL 33903	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRUTHER, RANDALL P.O. BOX 511927 PUNTA GORDA FL 33951	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Kathleen K Johnson, CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 941-481-9696

Date

Daytime Phone #

CR2E037 (9/01)

UPDATED 12/20/01

c:Phoenix Center Board of Directors; Updated 02/27/01

RESOURCE PERSONS:

1500 Colonial Blvd. #233 FM 33907
14150 Metropolis Avenue #4 FM 33912
24321 Captain Kidd Blvd. PG 33955

(941) 936-3903
(941) 768-6060
(941) 505-0047

Personnel Specialist

cldratler@resourceinnovations.com
Dferres@aol.com
dkaestner@CPC-software.com