


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90057 039 ****61.25

DOCUMENT # N96000006540					
1. Entity Name CHARLOTTE COUNTY DOMESTIC VIOLENCE TASK FORCE, INC.					
Principal Place of Business 18501 MURDOCK CIRCLE SIXTH FLOOR PORT CHARLOTTE, FL 33948			Mailing Address P.O. BOX 511687 PUNTA GORDA, FL 33951-1687		
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 65-0886473	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSSELL, W. KEVIN 18501 MURDOCK CIRCLE SIXTH FLOOR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE D	NAME SCOTT, BARBARA T	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
STREET ADDRESS 22430 ALBANY AVENUE	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 380817	CITY-ST-ZIP MURDOCK, FL 339380817		TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 527 WEST PALM BEACH	CITY-ST-ZIP PUNTA GORDA, FL 33950		TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Pat Garriton</i>			TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/18/05 Daytime Phone #: 941 625 6229		