

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002610 (0)

1. Corporation Name

CREATIVE CARE ENLIGHTENED PATH TO HEALING, INC.

Principal Place of Business

Mailing Address

3280 TAMAMI TRAIL
SUITE 330
PORT CHARLOTTE FL 33952

3280 TAMAMI TRAIL
SUITE 330
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2a. Mailing Address

21 22091 EL MIRAL BLVD 26 P.O. BOX 510325

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 27 City & State
23 Port Charlotte FL 28 Punta Gorda FL

24 33952 25 Charlotte 29 33952 30 Charlotte

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

65-0759604

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 N/A

10. Name and Address of New Registered Agent

81 Name

Deborah A. Hulbert, LCSW

82 Street Address (P.O. Box Number is Not Acceptable)

22091 Elmira Blvd

83 City

Port Charlotte

FL

85 Zip Code

VILLALOBOS, P. MICHAEL
1401 LEE STREET
FORT MYERS FL 32902-2121

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

Deborah A. Hulbert, LCSW

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Deborah A. Hulbert, LCSW - D

1.3 STREET ADDRESS 22091 Elmira Blvd

1.4 CITY-ST-ZIP Port Charlotte FL 33952

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Sylvia Severa Treasurer

2.3 STREET ADDRESS 22091 EL MIRAL BLVD - D

2.4 CITY-ST-ZIP Port Charlotte FL 33952

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Barbara M. Marsh

3.3 STREET ADDRESS 22091 Elmira Blvd - D

3.4 CITY-ST-ZIP Port Charlotte, FL 33952

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME 600002557706 - 9

4.3 STREET ADDRESS -06/12/98--01000--006

4.4 CITY-ST-ZIP *****70.00 *****70.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

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: Deborah A. Hulbert, LCSW President 4-28-98 941-466-1300

FILED

98 JUN -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/97)