

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02715

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**8330098888CC**

**Entity Name:** CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

1501 COOPER STREET  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

PO BOX 510234  
PUNTA GORDA, FL 33951-0234 US

**FEI Number: 59-2435059**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MCELHANEY, KAREN L  
2327 CONWAY BLVD  
PORT CHARLOTTE, FL 33952 US

*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: KAREN MCELHANEY**

**01/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OT  
Name MCMILLAN, ELIZABETH A  
Address 3755 PEACE RIVER DR.  
City-State-Zip: PUNTA GORDA FL 33983

Title EXECUTIVE DIRECTOR  
Name MCELHANEY, KAREN L  
Address PO BOX 510234  
City-State-Zip: PUNTA GORDA FL 33951-0234

Title CHAIRMAN  
Name HARRIS, JUDITH  
Address 1401 SEAGULL CT  
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY  
Name BURCH, ALYSON  
Address 2124 S HABERLAND DR  
City-State-Zip: NORTH PORT FL 34288

Title VC  
Name LISCUM, KELLY  
Address 3760 HIDDEN VALLEY CIR  
City-State-Zip: PUNTA GORDA FL 33982

Title DIRECTOR  
Name AUSTRIA, CERES  
Address 4441 SWEETBAY STREET  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name HICKS, MARIE  
Address 23161 MCMULLEN AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR  
Name LORAH, MARY GRACE  
Address 3865 BORDEAUX DRIVE  
City-State-Zip: PUNTA GORDA FL 33950

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN MCELHANEY**

**EXECUTIVE DIRECTOR**

**01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RAINES, MISTY  
Address 6070 SPINNAKER BLVD  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name WALLACE, KATIE  
Address 11440 5TH AVE  
City-State-Zip: PUNTA GORDA FL 33955

Title DIRECTOR  
Name ROSS, SHAWNA  
Address 18443 JEFFERSON AVE  
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR  
Name PRUMMELL, BILL  
Address 7474 UTILITIES ROAD  
City-State-Zip: PUNTA GORDA FL 33982

Title DIRECTOR  
Name WRIGHT, JOHN  
Address 1205 BOB WHITE CIRCLE  
City-State-Zip: PUNTA GORDA FL 33950