

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02715

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

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC7102187685**

**Current Principal Place of Business:**

1501 COOPER ST.  
PUNTA GORDA, FL 33951-0234

**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:**

MCMILLAN, ELIZABETH A  
3755 PEACE RIVER DR.  
PUNTA GORDA, FL 33983 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BEVIS, BOBBI  
Address 29350 TARALANE DR.  
City-State-Zip: PUNTA GORDA FL 33982

Title VC  
Name ALLEN, PATTI  
Address 1200 W RETTA  
City-State-Zip: PUNTA GORDA FL 33950

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

Title OS  
Name LASHWAY, NATALIE  
Address 3767 TRIPOLI BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title CEO  
Name TVAROCH, KAY E  
Address PO BOX 510234  
City-State-Zip: PUNTA GORDA FL 33951-0234

*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: KAY E TVAROCH**

**CEO**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date