

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02715

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

FILED
Jan 09, 2017
Secretary of State
CC7433708272

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:

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 VC
Name ALLEN, PATTI
Address 1200 W RETTA #57A
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 CEO
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

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: ELIZABETH MCMILLAN

TREASURER

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date