

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02715

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: No

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

Title CEO
Name MCELHANEY, KAREN L
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: ELIZABETH MCMILLAN

OT

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date