

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02715

FILED
Jan 04, 2024
Secretary of State
2356937835CC

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

01/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DUBBANEH, MEGAN
Address 24211 HARBORVIEW RD
City-State-Zip: PORT CHARLOTTE FL 33980

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

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

Title CHAIRMAN
Name BURCH, ALYSON
Address 6895 ESTATES DRIVE
City-State-Zip: NORTH PORT FL 34291

Title DIRECTOR
Name KNIGHT, LAUREN
Address 601 SHREVE ST.
 26C
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY
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

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

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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

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VC
Name WAKSLER, CAIT
Address 26351 VILLA MARIA DR
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR
Name SWEZY, BRAD
Address 379 CENTER AVE NW
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title DIRECTOR
Name IVANOVIC, TONI
Address 18247 HOTTELET CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name REBHOLZ-RUBIN, CYNTHIA
Address 350 EAST MARION AVE
City-State-Zip: PUNTA GORDA FL 33950