

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02715

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

**FILED  
Apr 27, 2018  
Secretary of State  
CC6747687787**

**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 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

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

*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**

**04/27/2018**

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

\_\_\_\_\_  
Date