

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02715

FILED
Mar 06, 2019
Secretary of State
0511084020CC

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:

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

Title DIRECTOR
Name AUSTRIA, CERES
Address 4441 SWEETBAY STREET
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
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

Continues on page 2

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

CEO

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LASHWAY, NATALIE
Address 341 DELIDO COURT
City-State-Zip: PUNTA GORDA FL 33950

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

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

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

Title DIRECTOR
Name WRIGHT, JOHN
Address 1205 BOB WHITE CIRCLE
City-State-Zip: PUNTA GORDA FL 33950