

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005478

**Entity Name:** ARC OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

4208 BUR ST  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

POST OFFICE BOX 495021  
PORT CHARLOTTE, FL 33949-5021

**FEI Number: 65-0656898**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SLOAN, W. DOUGLAS  
4208 BUR ST  
PORT CHARLOTTE, FL 33948 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 P  
Name SLOAN, W. DOUGLAS  
Address 4208 BUR ST  
City-State-Zip: PORT CHARLOTTE FL

Title T  
Name MARTIN, CINDY  
Address 937 TROPICAL AVE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title S  
Name SLOAN, MARY  
Address 4208 BUR ST  
City-State-Zip: PORT CHARLOTTE FL 33948

Title D  
Name BLAYLOCK, JUDITH  
Address 18458 INWOOD AVE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name WALTNER, CEIL  
Address 3801 WAYWARD AVE  
City-State-Zip: NORTH PORT FL 34286

*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: CINDY MARTIN**

**TREASURER**

**01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date