

2017 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 SPIER, ROGER
Address 2277 ACHILLES ST
City-State-Zip: PORT CHARLOTTE FL 33980

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

Title DIRECTOR
Name DEL PRIORE, GERALDINE
Address 7414 SPINNAKER BLVD
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name DEL PRIORE, ANTHONY
Address 7414 SPINNAKER BLVD
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name SPIER, ROGER
Address 2277 ACHILLES ST
City-State-Zip: PORT CHARLOTTE FL 33980

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

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date