

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59557

FILED
Apr 15, 2009
Secretary of State

Entity Name: RAAH OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

5601 DUNCAN RD
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0195693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WOOD, MICHAEL F
Address: 4900 RUSTIC DR
City-St-Zip: PUNTA GORDA, FL 3398

Title: V () Delete
Name: ROSE, STANLEY M.
Address: 1257 ODY 5504 COURT
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: ROSE, SUSAN V.
Address: 363 HALLCREST TERR
City-St-Zip: PORT CHARLOTTE, FL 32854

Title: S () Delete
Name: IKEWOOD, ELSA L
Address: 5601 DUNCAN RD L-213
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: WOOD, MICHAEL F
Address: 4900 RUSTIC DR
City-St-Zip: PUNTA GORDA, FL 3398

Title: V (X) Change () Addition
Name: ROSE, STANLEY M.
Address: 1257 ODYSSEY COURT
City-St-Zip: PUNTA GORDA, FL 33983

Title: T (X) Change () Addition
Name: ROSE, SUSAN V
Address: 363 HALLCREST TERR
City-St-Zip: PORT CHARLOTTE, FL 32854

Title: S (X) Change () Addition
Name: IKEWOOD, ELSA L
Address: 5601 DUNCAN RD L-72
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F. WOOD

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date