

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L59557

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

**Current Principal Place of Business:**

5601 DUNCAN RD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

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

**FEI Number:** 65-0195693

**Certificate of Status Desired:** No

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

HACKETT, JACK O II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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:** JACK O HACKETT II

04/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WOOD, MICHAEL F  
Address 4900 RUSTIC DR  
City-State-Zip: PUNTA GORDA FL 33982

Title VD  
Name ROSE, STANLEY M.  
Address 1257 ODYSSEY COURT  
City-State-Zip: PUNTA GORDA FL 33983

Title TD  
Name ROSE, SUSAN V  
Address 363 HALLCREST TERR  
City-State-Zip: PORT CHARLOTTE FL 33954

Title S  
Name IKEWOOD, ELSA L  
Address 5601 DUNCAN RD L-72  
City-State-Zip: PUNTA GORDA FL 33982

Title D  
Name WOOD, CYNTHIA H  
Address 4900 RUSTIC DR  
City-State-Zip: PUNTA GORDA FL 33982

Title DIRECTOR  
Name ROSE, ELEANOR D  
Address 1257 ODYSSEY COURT  
City-State-Zip: PUNTA GORDA FL 33983

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL F. WOOD

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date