

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L59557 (3)**  
1. Corporation Name  
**RAAH OF CHARLOTTE COUNTY, INC.**



Principal Place of Business  
**6601 DUNCAN RD  
PUNTA GORDA FL 33951  
US**

Mailing Address  
**P.O. BOX 0489  
PUNTA GORDA FL 33951-0489  
US**

3. Date Incorporated or Qualified  
**03/23/1990**

3a. Date of Last Report  
**02/19/1996**

4. FEI Number  
**65-0195693**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21  
Suite, Apt. #, etc.

22  
City & State

23  
Zip Country

24  
Country

25  
Country

2a. Mailing Address

26  
Suite, Apt. #, etc.

27  
City & State

28  
City & State

29  
Zip Country

30  
Country

**9. Name and Address of Current Registered Agent**

**ANTHONY, DAVID L.  
38111 WASHINGTON LOOP RD.  
PUNTA GORDA FL**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David L. Anthony* **PRESIDENT** **3-21-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PT</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>ANTHONY, DAVID L.</b>        |                                 |
| STREET ADDRESS | <b>38111 WASHINGTON LOOP RD</b> |                                 |
| CITY-ST-ZIP    | <b>PUNTA GORDA FL</b>           |                                 |
| TITLE          | <b>V</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>ROSE, STANLEY M.</b>         |                                 |
| STREET ADDRESS | <b>5000 RUSTIC DR.</b>          |                                 |
| CITY-ST-ZIP    | <b>PUNTA GORDA FL</b>           |                                 |
| TITLE          | <b>S</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>ROSE, SUSAN V.</b>           |                                 |
| STREET ADDRESS | <b>5001 RUSTIC DRIVE</b>        |                                 |
| CITY-ST-ZIP    | <b>PUNTA GORDA FL</b>           |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *David L. Anthony* **PRESIDENT** **3-21-97**

CR2E034 (9/96)