

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001290

**Entity Name:** CHARLOTTE TECHNICAL COLLEGE ASSISTANCE FUND, INC.

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**8594327128CC**

**Current Principal Place of Business:**

18150 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

18150 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948 US

**FEI Number: 46-1998318**

**Certificate of Status Desired: No**

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

BENNETT, DEELYNN  
18150 MURDOCK CIRCLE  
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: DEELYNN BENNETT**

**02/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BENNETT, DEELYNN  
Address 18150 MURDOCK CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title V  
Name MARCUZZO, PAUL  
Address CHARLOTTE COUNTY GOVERNMENT  
18500 MURDOCK CIRCLE IT DIVISION  
City-State-Zip: PORT CHARLOTTE FL 33948

Title TREASURER  
Name O'NEIL, KARIN  
Address 18150 MURDOCK CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33948

*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: KARIN O'NEIL**

**TREASURER**

**02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date