

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011289

**FILED**  
**Jan 19, 2020**  
**Secretary of State**  
**0731238714CC**

**Entity Name:** HOMELESS STUDENTS GAP FUND OF CHARLOTTE COUNTY  
INC

**Current Principal Place of Business:**

1925 JAMAICA WAY  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

1925 JAMAICA WAY  
PUNTA GORDA, FL 33950 UN

**FEI Number: 82-3042793**

**Certificate of Status Desired: No**

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

CWYNAR, NANCY J  
1925 JAMAICA WAY  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            CWYNAR, NANCY  
Address        1925 JAMAICA WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIR  
Name            CWYNAR, FRED  
Address        1925 JAMAICA WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIR  
Name            STEWART, LARRY  
Address        1135 SOCORRO DR.  
City-State-Zip: PUNTA GORDA FL 33950

*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: LARRY STEWART**

**DIRECTOR**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date