

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90226 042 ****61.25

DOCUMENT # N05000003151

1. Entity Name
**BPW OF CHARLOTTE COUNTY SCHOLARSHIP
FOUNDATION, INC.**



Principal Place of Business
**PO BOX 510180
PUNTA GORDA, FL 33951-0180**

Mailing Address
**PO BOX 510180
PUNTA GORDA, FL 33951-0180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

20-2892704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYSKI, MARY A
230 PAL HARBOR BLVD SUITE 113
PUNTA GORDA, FL 33950**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P HAYES, PAT
2850 DON QUIZOTE DR
PUNTA GORDA, FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P MCINTYRE, MICHELLE
26329 BARRANQUILLA AVE
PUNTA GORDA, FL 33983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S MANN, JAN
25317 OJIBWAY CT
PUNTA GORDA, FL 33983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S Walker, Pat
3547 Dipper Ct.
Punta Gorda, FL 33950** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T WALKER, PAT
3547 DIPPER CT
PUNTA GORDA, FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T Lynch, Brenda
3830 Bermuda Ct.
Punta Gorda, FL 33950** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda J. Lynch* **Brenda J. Lynch**

1-13-2006

941-639-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #