

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90058 033 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40020392



02132007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2892764		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYSKI, MARY A 230 NAL HARBOR BLVD SUITE 113 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>230 Bal Harbor Blvd.</i> City FL Zip Code	
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	<i>President</i> <i>Mary A. Bryski</i> <i>230 Bal Harbor Blvd</i> <i>Punta Gorda, FL 33950</i> ☒ 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	<i>VP</i> <i>Linda Williams</i> <i>7337 Parkinsonia</i> <i>Punta Gorda, FL 33955</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, PAT 3547 DIPPER CT PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNCH, BRENDA 3830 BERMUDA CT. PUNTA GORDA, FL 33950 ☐ 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
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 Lynch* **2-13-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #