

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003151

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

103 W MARION AVENUE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

334 W OLYMPIA AVE  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

PO BOX 510180  
PUNTA GORDA, FL 339510180

**New Mailing Address:**

**FEI Number:** 20-2892764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYSKI, MARY A  
230 BAL HARBOR BLVD  
PUNTA GORDA, FL 33950 US

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

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: RAMECHANDRAN, GENEVIEVE  
Address: 3807 BORDEAUX DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP  
Name: CARR, KELLY  
Address: 3830 BORDEAUX DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: P  
Name: MALVIK, SUSAN  
Address: 3210 DAYTONA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: T  
Name: LYNCH, BRENDA  
Address: 3830 BERMUDA CT.  
City-St-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: BREND A LYNCH

T

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date