2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08734

FILED Feb 11, 2009 Secretary of State

P.O. BOX 511764 PUNTA GORDA, FL 339511764 US FEI Number: 59-2592844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: BYRSKI, MARY 230 BAL HARBOR BLVD 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 OFFICERS AND DIRECTORS: Title: PD () Delete Name: KLEIN, DAVID Name: KLEIN, DAVID Name: KLEIN, DAVID Name: KLEIN, DAVID Name: VD () Delete	Entity Na	me: CHARLOT	TE LOCAL EDUCATION F			
1445 EDUCATION WAY PORT CHARLOTTE, FL 33948 US Current Mailing Address: New Mailing Address: P.O. BOX 511764 PUNTA GORDA, FL 339511764 US FEI Number: 59-2592844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: BYRSKI, MARY 230 BAL HARBOR BLVD 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 OFFICERS AND DIRECTORS: Title: PD () Delete Name: KLEIN, DAVID Name: KLEIN, DAVID Name: KLEIN, DAVID Name: KLEIN, DAVID Name: MLEIN, DAVID Name: Na				-OUNDATION, INC.		
Current Mailing Address: P.O. BOX 511764 PUNTA GORDA, FL 339511764 US FEI Number: 59-2592844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BYRSKI, MARY 230 BAL HARBOR BLVD 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 OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: Address: () Cly-St-Zip: Title: VD () Delete Title: () Change () Addition Name: Name: DYK, WILLIAM V Name: Name: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: Addr	Current F	Principal Place	of Business:	New Principal Place o	of Business:	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. DAVID KLEIN PRES 02/11/2009