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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:19

DOCUMENT # N16164 (8)

1. Corporation Name

CHARLOTTE VOCATIONAL-TECHNICAL CENTER STUDENT FINANCIAL AID FUND, INC.

Principal Place of Business	Mailing Address
% SCOTT D. ITTERSAGEN 1861 PLACIDA RD., SUITE 104 ENGLEWOOD FL 34223-4957	% SCOTT D. ITTERSAGEN 1861 PLACIDA RD., SUITE 104 ENGLEWOOD FL 34223-4957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1986
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-6000539 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D.
1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 33533

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAMSON, ROSEANN K.	1.2 NAME	
STREET ADDRESS	18300 TOLEDO BLADE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSTWICK, DOROTHY	2.2 NAME	
STREET ADDRESS	4347 CONWAY CIRCLE, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LANE, ELAINE	3.2 NAME	
STREET ADDRESS	PO BOX 178 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SPANN, J.C.	4.2 NAME	
STREET ADDRESS	20447 COPELAND AVE., NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or if an addition with an address.

SIGNATURE: Roseann K. Samson ROSEANN K. SAMSON 3/1/95 (813) 629-6819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018021