

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1986

3a. Date of Last Report

03/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD SAMSON, ROSEANN K.**
STREET ADDRESS **18300 TOLEDO BLADE BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD WILLIS, JUDITH R.**
1.3 STREET ADDRESS **18300 TOLEDO BLADE BOULEVARD**
1.4 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME **D BOSTWICK, DOROTHY**
STREET ADDRESS **4347 CONWAY CIRCLE, NE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LANE, ELAINE**
STREET ADDRESS **PO BOX 178 N/A**
CITY-ST-ZIP **PUNTA GORDA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SPANN, J.C.**
STREET ADDRESS **20447 COPELAND AVE., NW**
CITY-ST-ZIP **PORT CHARLOTTE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D DAN SMOAK, III**
4.3 STREET ADDRESS **2511 A. TAMiami TRAIL**
4.4 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 on an attachment with an address.

SIGNATURE:

Judith R. Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/95
Date

629-6819
Daytime Phone #

CR2E037 (12/95)