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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N16164**

1. Corporation Name

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

Principal Place of Business

% SCOTT D. ITTERSAGEN  
1861 PLACIDA RD., SUITE 204  
ENGLEWOOD FL 34223-4957

Mailing Address

% SCOTT D. ITTERSAGEN  
1861 PLACIDA RD., SUITE 204  
ENGLEWOOD FL 34223-4957



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

08/01/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6000539

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ITTERSAGEN, SCOTT D.  
1861 PLACIDA RD.  
SUITE 204  
ENGLEWOOD FL 33533

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 PD ☐ DELETE

NAME WILLIS, JUDITH R  
STREET ADDRESS 18300 TOLEDO BLADE BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME BOSTWICK, DOROTHY  
STREET ADDRESS 4347 CONWAY CIRCLE, NE  
CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE ☐ Change ☒ Addition

TITLE D ☒ DELETE

NAME LANE, ELAINE  
STREET ADDRESS PO BOX 178 N/A  
CITY-ST-ZIP PUNTA GORDA FL

2.2 NAME Padgett, Nancy

2.3 STREET ADDRESS 1931 Tamiami Trail  
2.4 CITY-ST-ZIP Port Charlotte, Florida 33948

TITLE D ☐ DELETE

NAME KUNZWEILER, EDWARD  
STREET ADDRESS 23013 WESTCHESTER BOULEVARD  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME Anzalone, Charles

3.3 STREET ADDRESS Charles Of The Village, Fisherman's Village  
3.4 CITY-ST-ZIP Punta Gorda, Florida 33950

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judith R. Willis*  
JUDITH R. WILLIS

1/20/99 941-255-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)