



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N16164 1. Entity Name CHARLOTTE VOCATIONAL-TECHNICAL CENTER STUDENT FINANCIAL AID FUND, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6000539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIS, JUDITH R 18300 TOLEDO BLADE BLVD PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PADGETT, NANCY 1931 TAMiami TRL PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANZALONE, CHARLES FISHERMAN'S VILLAGE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEUHEOFER, SHARON 1225 TAMiami TRAIL PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/01/04-80076-013 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith R. Willis* JUDITH R. WILLIS 2/20/04 941.255.7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #