

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 034 ****61.25

DOCUMENT # N16164

1. Entity Name
**CHARLOTTE 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**

60003491



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6000539

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WITTE, BARBARA A
STREET ADDRESS 18300 TOLEDO BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MIZE, MARY A
STREET ADDRESS 1100 TAMiami TrL
CITY-ST-ZIP PORT CHARLOTTE, FL

TITLE D ☐ Change ☒ Addition
NAME DEBRA TATE
STREET ADDRESS 18200 COCHRAN BOULEVARD
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☐ Delete
NAME ANZALONE, CHARLES
STREET ADDRESS FISHERMAN'S VILLAGE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NEUHOFFER, SHARON
STREET ADDRESS 1100 TAMiami TrL
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/07

Date

941-255-7500

Daytime Phone #