


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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

60003491



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6000539

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTE, BARBARA A 18300 TOLEDO BLADE BLVD PORT CHARLOTTE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZE, MARY A 1100 TAMiami TRl PORT CHARLOTTE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZALONE, CHARLES FISHERMAN'S VILLAGE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUHOFER, SHARON 1100 TAMiami TRl PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRA TATE 18200 COCHRAN BOULEVARD PORT CHARLOTTE FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Witte* **01/11/07** **941-255-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #