

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16164

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** CHARLOTTE TECHNICAL CENTER STUDENT FINANCIAL AID FUND, INC.

**Current Principal Place of Business:**

% SCOTT D. ITTERSAGEN  
1861 PLACIDA RD., SUITE 204  
ENGLEWOOD, FL 342234957

**New Principal Place of Business:**

**Current Mailing Address:**

% SCOTT D. ITTERSAGEN  
1861 PLACIDA RD., SUITE 204  
ENGLEWOOD, FL 342234957

**New Mailing Address:**

**FEI Number:** 61-1587472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WITTE, BARBARA A  
Address: 18150 MURDOCK CIR  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: NEUHOFER, SHARON  
Address: 1100 TAMiami TRL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: TATE, DEBRA  
Address: 18200 COCHRAN BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: KLOSSNER, WILLIAM  
Address: 1201 AQUI ESTA DR  
City-St-Zip: PUNTA GORDA, FL 33951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WITTE, BARBARA A  
Address: 18150 MURDOCK CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Change ( ) Addition  
Name: NEUHOFER, SHARON  
Address: 970 KINGS HIGHWAY, SUITE 2  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. WITTE

MRS.

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date