

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16164

FILED
Jan 06, 2010
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
Name: GARY, KARYN E
Address: 18150 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D
Name: NEUHOFFER, SHARON
Address: 970 KINGS HIGHWAY, SUITE 2
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: D
Name: KLOSSNER, WILLIAM
Address: 1201 AQUÍ ESTÁ DR
City-St-Zip: PUNTA GORDA, FL 33951

I hereby 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 all other like empowered.

SIGNATURE: KARYN E. GARY

PD

01/06/2010

Electronic Signature of Signing Officer or Director

Date