

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16164

FILED  
Apr 01, 2011  
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:**

18150 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

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

**New Mailing Address:**

223 TAYLOR ST  
PUNTA GORDA, FL 33950

**FEI Number:** 61-1587472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

MCKINLEY, MIKE  
223 TAYLOR ST  
PUNTA GORDA, FL 33950 US

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: MIKE MCKINLEY

04/01/2011

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 GARY

DR.

04/01/2011

Electronic Signature of Signing Officer or Director

Date