

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16164

FILED
Apr 16, 2012
Secretary of State

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

Current Principal Place of Business:

18150 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

223 TAYLOR ST
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 61-1587472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINLEY, MIKE
223 TAYLOR ST
PUNTA GORDA, FL 33950 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: CANDIANI, KAREN
Address: 18150 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D
Name: KLOSSNER, WILLIAM
Address: 1201 AQUI ESTA 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

PD

04/16/2012

Electronic Signature of Signing Officer or Director

Date