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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17920** (2)

1. Corporation Name

CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION, INC.



Principal Place of Business C/O BERNARD A. DUFFY 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980 US	Mailing Address C/O BERNARD A. DUFFY 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980 US
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3. Date Incorporated or Qualified

11/21/1986

4. FEI Number

59-2758814

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUFFY, BERNARD A.
22450 HANCOCK AVENUE
CHARLOTTE HARBOR FL 33980**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bernard A. Duffy
Signature, typed or printed name of registered agent and title if applicable.

Bernard A. Duffy
(NOTE: Registered Agent signature required when reinstalling)

1/9/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAXTON, BILL	
STREET ADDRESS	92 MARK TWAIN LANE	
CITY-ST-ZIP	ROTONDA WEST FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEHEW, CHERYL	
STREET ADDRESS	2707 ST THOMAS DR	
CITY-ST-ZIP	PUNTA GORDA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICKER, GAIL	
STREET ADDRESS	487 CARTEGENA ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCBRIDE, KAREN	
STREET ADDRESS	4490 GRASSY POINT BLVD	
CITY-ST-ZIP	PT. CHARLOTTE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEMMERLE, BETTY	
STREET ADDRESS	1601 PARK BEACH CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNGOVAN, ROBERT	
STREET ADDRESS	2470 PEBBLE CREEK PLACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bill Paxton **BILL PAXTON**

1/9/98

941-629-7663

CR2E037 (10/97)