


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17920

1. Corporation Name

CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O BERNARD A. DUFFY
22450 HANCOCK AVENUE
CHARLOTTE HARBOR FL 33980
US

C/O BERNARD A. DUFFY
22450 HANCOCK AVENUE
CHARLOTTE HARBOR FL 33980
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/21/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2758814
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

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 Duffy
Signature, typed or printed name of registered agent and title (Applicable)

BERNARD DUFFY, PRINCIPAL

3/19/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXTON, BILL	1.2 NAME	
STREET ADDRESS	92 MARK TWAIN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHEW, CHERYL	2.2 NAME	
STREET ADDRESS	2707 ST THOMAS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKER, GAIL	3.2 NAME	
STREET ADDRESS	487 CARTEGENA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, KAREN	4.2 NAME	
STREET ADDRESS	4490 GRASSY POINT BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMMERLE, BETTY	5.2 NAME	
STREET ADDRESS	1601 PARK BEACH CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNGOVAN, ROBERT	6.2 NAME	
STREET ADDRESS	2470 PEBBLE CREEK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	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, with all other like empowered.

SIGNATURE:

Bill Paxton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99
Date

941-255-7440
Daytime Phone #

CR2E037- (1-1/98)