

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17920

FILED
Feb 16, 2010
Secretary of State

Entity Name: CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

C/O MAUREEN WATTS
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

C/O MAUREEN WATTS
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

New Mailing Address:

FEI Number: 59-2758814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, MAUREEN
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 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: WILLIAMS, SHARRON
Address: 22450 HANCOCK AVE.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD
Name: LEHEW, CHERYL
Address: 22450 HANCOCK AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD
Name: FOSTER, CAROLYN
Address: 22450 HANCOCK AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VD
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

Title: D
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

Title: D
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

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: CHERYL LEHEW

TD

02/16/2010

Electronic Signature of Signing Officer or Director

Date