

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # N26271 (9)

1. Corporation Name

ST. CHARLES BORROMEO EDUCATION FOUNDATION, INC.

Principal Place of Business

21505 AGUSTA AVENUE
PORT CHARLOTTE FL 33952-5419

Mailing Address

21505 AGUSTA AVENUE
PORT CHARLOTTE FL 33952-5419



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DZURAK, JOHN S.
306 E. OLYMPIA AVENUE
PUNTA GORDA FL 33951-0400

3. Date Incorporated or Qualified

05/04/1988

3a. Date of Last Report

03/02/1995

4. FEI Number

59-1576869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DUBAY, FRANK
STREET ADDRESS 2302 ALTON AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE D
NAME HORNER, MICHAEL
STREET ADDRESS 1477 ROMMEL STREET
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE D
NAME ORTENZIO, PAUL
STREET ADDRESS 2271 RIO DE JANEIRO AVE.
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE DT
NAME MALVANO, JACK
STREET ADDRESS 23225 NANCY AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE DVP
NAME DZURAK, JOHN S.
STREET ADDRESS 23232 ABRADIE AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE D
NAME MCLOUGHLIN, NICHOLAS
STREET ADDRESS 650 GATES AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)