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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N26271 (9)  
1. Corporation Name  
ST. CHARLES BORROMEO EDUCATION FOUNDATION, INC.



Principal Place of Business Mailing Address  
21505 AGUSTA AVENUE 21505 AGUSTA AVENUE  
PORT CHARLOTTE FL 33952-5419 PORT CHARLOTTE FL 33952-5419

3. Date Incorporated or Qualified 05/04/1988 3a. Date of Last Report 01/29/1996

2. Principal Place of Business 2a. Mailing Address  
21 21505 AGUSTA AVENUE 26 21505 AGUSTA AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
Country Country  
24 25 29 30

4. FEI Number 59-1576869 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DUBAY, FRANK	
STREET ADDRESS	2302 ALTON AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HORNER, MICHAEL	
STREET ADDRESS	1477 ROMMEL STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORTENZIO, PAUL	
STREET ADDRESS	2271 RIO DE JANEIRO AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MALVANO, JACK	
STREET ADDRESS	23225 NANCY AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DZURAK, JOHN S.	
STREET ADDRESS	23232 ABRADIE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLOUGHLIN, NICHOLAS	
STREET ADDRESS	650 GATES AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	AT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AAER, JUDY
3.3 STREET ADDRESS	424 SAN FELIX STREET
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
4.1 TITLE	OPPOLO, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OPPOLO, ROBERT
4.3 STREET ADDRESS	821 KIMBALL
4.4 CITY-ST-ZIP	WATERLOO IA 50701
5.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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: Michael J. Horner MICHAEL J. HORNER TREAS. 4/30/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067753

CR2E037 (9/96)