

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 022 ****61.25

DOCUMENT # N26271

1. Entity Name
**ST. CHARLES BORROMEIO 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**

40150140



08152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1576869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DZURAK, JOHN S
23232 ABRADIE AVENUE
PORT CHARLOTTE, FL 33980**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIOON, PAUL
STREET ADDRESS	1485 WASSAIL LANE
CITY - ST - ZIP	PUNTA GORDA, FL 33983
TITLE	SD
NAME	DZURAK, JOHN S
STREET ADDRESS	23232 ABRADIE AVENUE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33980
TITLE	TD
NAME	HORNER, MICHAEL
STREET ADDRESS	422 MADRID BLVD
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	OPPOLD, ROBERT MCCORMICK, DAVID
STREET ADDRESS	140 S E GRAHAM ST 268 LEWIS CIRCE 141
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952 PUNTA GORDA, FL 33950
TITLE	D
NAME	MALVANO, JACK
STREET ADDRESS	23225 NANCY AVENUE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	RANKIN, KENNETH
STREET ADDRESS	25387 PALADIN LN
CITY - ST - ZIP	PUNTA GORDA, FL 33983

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Michael J Horner

MICHAEL J HORNER *Treas*

8/20/07

941 639-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

ST CHARLES BURROMEO
EDUCATION FOUNDATION, INC

	INITIALS	DATE	REFERENCE
PREPARED BY			
CHECKED BY			
APPROVED BY			

FORM P-557 (GREEN) P-557-B (BUFF) (5-88)

willmer service line

LINE No.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
		ADDITIONAL	DIRECTORS				
1							
2	D						
3	MIZELL, MARILYN						
4	604 W MARION AVE						
5	PUNTA GORDA, FL 33950						
6							
7	D						
8	MATHIS, JULIE						
9	23515 DAWN AVE						
10	PORT CHARLOTTE, FL 33964						
11							
12	D						
13	SWINK, CAROL						
14	21505 AUGUSTA AVE						
15	PORT CHARLOTTE, FL 33952						
16							
17	D						
18	LUBO, VALERIE						
19	140 S W SEVILLE PLACE						
20	PORT CHARLOTTE, FL 33952						
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