2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N26271

Entity Name: ST. CHARLES BORROMEO EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

21505 AGUSTA AVENUE
PORT CHARLOTTE, FL 339525419

New Principal Place of Business:

Current Mailing Address:

21505 AGUSTA AVENUE
PORT CHARLOTTE, FL 339525419

New Mailing Address:

FEI Number: 59-1576869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DZURAK, JOHN S
23232 ABRADE AVENUE
PORT CHARLOTTE, 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 ( ) Delete
Name: LIOON, PAUL
Address: 1485 WASSAIL LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: SD ( ) Delete
Name: DZURAK, JOHN S
Address: 23232 ABRADE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD ( ) Delete
Name: HORNER, MICHAEL
Address: 422 MADRID BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: MCCORMICK, DAVID
Address: 268 LEWIS CIRCLE #141
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: MALVANO, JACK
Address: 23225 NANCY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: RANKIN, KENNETH
Address: 25387 PALADIN LN
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN S. DZURAK SD 04/22/2009
Electronic Signature of Signing Officer or Director — Date