

# 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

**DOCUMENT # N37115 (5)**  
1. Corporation Name  
**CHARLOTTE-DESOTO COLLEGE FOUNDATION, INC.**



Principal Place of Business  
**8789 SW COUNTY RD 761  
ARCADIA FL 33821**

Mailing Address  
**8789 SW COUNTY RD 761  
ARCADIA FL 33821**

3. Date Incorporated or Qualified  
**03/12/1990**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0182868</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**GOLDROSEN, JACK J  
1222 WATERSIDE ST  
PORT CHARLOTTE FL 33952**

## 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 state if acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>STALKER, SYLVIA</b>
STREET ADDRESS	<b>2231 HARIET ST</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S</b>
STREET ADDRESS	<b>ETHER, MARION L.</b>
CITY - ST - ZIP	<b>990 WEBSTER AVE. PORT CHARLOTTE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD</b>
STREET ADDRESS	<b>KEIM, ROBERT W.</b>
CITY - ST - ZIP	<b>11585 DALLAS DR N LAKE SUZY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>ROSEN, HELEN</b>
CITY - ST - ZIP	<b>25941 COLON DR. PUNTA GORDA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>MEYER, MARY</b>
CITY - ST - ZIP	<b>415 NORMA CT PUNTA GORDA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>GUSTAFSON, JUNE</b>
CITY - ST - ZIP	<b>12943 SW DAVID DR LAKE SUZY FL</b>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S</b>
2.3 STREET ADDRESS	<b>DOROTHY SUMMAT</b>
2.4 CITY - ST - ZIP	<b>303 BRIDLE PATH ARCADIA FL 33821</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<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 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: ROBERT W. KEIM** **PD** **Robert W. Keim** **1/24/96** **813-625-3462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)