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Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

8789 SW COUNTY RD 761  
ARCADIA FL 338218789 SW COUNTY RD 761  
ARCADIA FL 34266-44473. Date Incorporated or Qualified  
03/12/19903a. Date of Last Report  
01/31/1996

4. FEI Number

65-0182868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDROSEN, JACK J  
1222 WATERSIDE ST  
PORT CHARLOTTE FL 33952

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☐ DELETE  
NAME STALKER, SYLVIA  
STREET ADDRESS 2231 HARIET ST  
CITY-ST-ZIP PORT CHARLOTTE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME SIMMAT, DOROTHY  
STREET ADDRESS 303 BRIDLE PATH  
CITY-ST-ZIP ARCADIA FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME KEIM, ROBERT W.  
STREET ADDRESS 11585 DALLAS DR N  
CITY-ST-ZIP LAKE SUZY FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME ROSEN, HELEN  
STREET ADDRESS 25941 COLON DR.  
CITY-ST-ZIP PUNTA GORDA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MEYER, MARY  
STREET ADDRESS 415 NORMA CT  
CITY-ST-ZIP PUNTA GORDA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME GUSTAFSON, JUNE  
STREET ADDRESS 12943 SW DAVID DR  
CITY-ST-ZIP LAKE SUZY FL6.1 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 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:

Signature and typed or printed name of signing officer or director

ROBERT W. KEIM

1/29/97 (941) 625-3462

CP2E037 (9/96)