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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37115** (5)
1. Corporation Name

CHARLOTTE-DESOTO COLLEGE FOUNDATION, INC.



Principal Place of Business 8789 SW COUNTY RD 761 ARCADIA FL 33821 34266	Mailing Address 8789 SW COUNTY RD 761 ARCADIA FL 33821- 34266
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3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

65-0182868

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	STALKER, SYLVIA	
STREET ADDRESS	2231 HARIET ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMMAT, DOROTHY	
STREET ADDRESS	303 BRIDLE PATH	
CITY-ST-ZIP	ARCADIA FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEIM, ROBERT W.	
STREET ADDRESS	11585 DALLAS DR N	
CITY-ST-ZIP	LAKE SUZY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, HELEN	
STREET ADDRESS	25941 COLON DR.	
CITY-ST-ZIP	PUNTA GORDA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, MARY	
STREET ADDRESS	415 NORMA CT	
CITY-ST-ZIP	PUNTA GORDA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUSTAFSON, JUNE	
STREET ADDRESS	12943 SW DAVID DR	
CITY-ST-ZIP	LAKE SUZY FL	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD LINDSEY WILLIAMS
5.3 STREET ADDRESS	1318 San Mateo Drive
5.4 CITY-ST-ZIP	Punta Gorda, FL

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VPD Dorothy Stocker
6.3 STREET ADDRESS	137 SW Sinclair Street
6.4 CITY-ST-ZIP	Port Charlotte, FL

14. I 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: **Sylvia N. Stalker** SIGNATURE REQUIRED

Jan 19/98 941-625-6018

CR2E037 (10/97)