


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90103 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37115					
1. Corporation Name CHARLOTTE-DESOTO COLLEGE FOUNDATION, INC.					
Principal Place of Business 8789 SW COUNTY RD 761 ARCADIA FL 34266 US			Mailing Address 8789 SW COUNTY RD 761 ARCADIA FL 34266 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/12/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0182868	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	
				85 Zip Code	
				FL	

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STALKER, SYLVIA			1.2 NAME			
STREET ADDRESS	2231 HARIET ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMMAT, DOROTHY			2.2 NAME			
STREET ADDRESS	303 BRIDLE PATH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ARCADIA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KEIM, ROBERT W.			3.2 NAME			
STREET ADDRESS	11585 DALLAS DR N			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE SUZY FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSEN, HELEN			4.2 NAME			
STREET ADDRESS	25941 COLON DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, LINDSEY			5.2 NAME			
STREET ADDRESS	1318 SAN MATEO DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			5.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STOCKER, DOROTHY			6.2 NAME			
STREET ADDRESS	137 S.W. SINCLAIR STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			6.4 CITY-ST-ZIP			
				VPD PAUL HINES 32250 NE HWY 70 ARCADIA FL 34266			
				D MORAH HOBBS 6027 SAFFORD ST PUNTA GORDA, FL 33950			

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, with all other like empowered.

SIGNATURE: *Sylvia M. Stalker - Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 941-625-6018
Date Daytime Phone #

CR2E037 (1/98)