FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:02

DOCUMENT # N93000004974 (2)

1. Corporation Name

CHARLOTTE COUNTY SCHOOL SYSTEM ADMINISTRATORS' A SSOCIATION, INC.

Principal Place of Business	Mailing Address
3818 WHIPPOORWILL BLVD. PUNTA GORDA FL 33950	3818 WHIPPOORWILL BLVD. PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1993
3a. Date of Last Report: 01/31/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0578310 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KIAH, DON DR.
3818 WHIPPOORWILL BLVD.
PUNTA GORDA FL 33950

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KEHRER, GARY	12 NAME	HARGROVE, BARBARA	
STREET ADDRESS	410 GARVIN STREET	13 STREET ADDRESS	215 SE STEBBINS TERRACE	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	HARGROVE, BARARA	22 NAME	GRINER, GREG	
STREET ADDRESS	215 SE STEBBINS TERRACE	23 STREET ADDRESS	181 ROSELLE CT	
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	BLACKWELL, MARGIE	32 NAME	MCLAUGHLIN, REBECCA	
STREET ADDRESS	2705 BALBOA COURT	33 STREET ADDRESS	209 DEERFIELD AVE	
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KIAH, DON DR	42 NAME		
STREET ADDRESS	3818 WHIPPOORWILL BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	GRINER, GREG	52 NAME	BRASSEUR, FRANCIS	
STREET ADDRESS	2980 MEADOW AVENUE	53 STREET ADDRESS	20207 RUTHERFORD AVE	
CITY-ST-ZIP	FORT MYERS FL 33901	54 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	ALWOOD, BOB	62 NAME	BOHLANDER, JUDY	
STREET ADDRESS	745 GLEN AVENUE	63 STREET ADDRESS	2300 E HENRY ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	64 CITY-ST-ZIP	PUNTA GORDA, FL 33950	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 501(c)(3) of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that such updates and changes 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.

RECEIVED AFTER MAY 1

SIGNATURE: Francis T. Brasseur, Jr. 4-3-95 813-255-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCIS T. BRASSEUR, JR.

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