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Mar 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

DOCUMENT # **N96000000488 (4)**

1. Corporation Name

CHARLOTTE COUNTRY DAY SCHOOL, INC.

Principal Place of Business	*Mailing Address*
324 CROSS STREET SUITE 2 PUNTA GORDA FL 33950 US	P.O BOX 511085 PUNTA GORDA FL 33951 US

3. Date Incorporated or Qualified: 01/29/1996

4. FEI Number: 65-0661754 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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

WAKSLER, GERI L
1625 WEST MARION AVE.
SUITE 2
PUNTA GORDA FL

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 _____ 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	DV	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	ERICH, ELLEN R		1.2 NAME	COLUNGA, FRANK	
STREET ADDRESS	2120 PALM TREE DR.		1.3 STREET ADDRESS	8015 EL GERITO CT	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	DP	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	WYNN, KATHERINE		2.2 NAME	SCHADT, MELINDA	
STREET ADDRESS	3972 CROOKED ISLAND DR		2.3 STREET ADDRESS	701 SANTA MARGERITA	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DS	☐ DELETE	3.1 TITLE	SECRETARY S	☐ Change ☒ Addition
NAME	VASU, MARGARET M		3.2 NAME	DILALLA, GAYLE	
STREET ADDRESS	2237 PALM TREE DRIVE		3.3 STREET ADDRESS	3819 CARUPANO ST	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WAKSLER, GERI L		4.2 NAME		
STREET ADDRESS	2181 TAI PEL COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33983		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, MARIA		5.2 NAME		
STREET ADDRESS	137 CREEK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZUSMAN, AMU		6.2 NAME		
STREET ADDRESS	23427 WEST CHESTER BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Melinda Schadt MELINDA SCHADT 1/21/98 941 637-8031