

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000488

FILED
Jan 20, 2006
Secretary of State

Entity Name: CHARLOTTE COUNTRY DAY SCHOOL, INC.

Current Principal Place of Business:

365 ORLANDO BLVD
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

Current Mailing Address:

365 ORLANDO BLVD
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

FEI Number: 65-0661754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: AMONTREE, KIMBERLY
Address: 1117 SAN MATEO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP () Delete
Name: KATZ, TODD
Address: 1000 HARBOUR GREEN RD
City-St-Zip: PUNTA GORDA, FL 33983

Title: P () Delete
Name: COLUNGA, FRANK
Address: 2051 EL CERITO COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: SEC () Delete
Name: BORAN, NIKKI
Address: 10346 SW B AND R RANCH RD
City-St-Zip: ALCADIA, FL 34269

Title: DIR () Delete
Name: LANDRY, SHERRY
Address: 1349 NEAPOLITAN RD
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: HEITMAN, EUGENE
Address: 3221 DEPEW AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: HANN, KERRY J
Address: 1854 COCONUT PALM CIR.
City-St-Zip: NORTH PORT, FL 34288

Title: PRES (X) Change () Addition
Name: PALERMO, CATHY
Address: 365 ORLANDO BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP (X) Change () Addition
Name: AL-ARNASI, STEPHANIE
Address: 5224 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY HANN

TRES

01/20/2006

Electronic Signature of Signing Officer or Director

Date