

FILE NOW: FILING FEE IS \$61.25

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Feb 05 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 # **N97000000652 (4)**

1. Corporation Name

**THE CHARLOTTE COUNTY COUNCIL OF TEACHERS OF MATH
EMATICS, INC.**



Principal Place of Business 380 ANCHOR ROW CAPE HAZE FL 33946-2201	Mailing Address 380 ANCHOR ROW CAPE HAZE FL 33946-2201
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3. Date Incorporated or Qualified 01/23/1997
4. FEI Number 65-0726241
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 23 Bunker Circle Suite, Apt. #, etc.	2a. Mailing Address 26 23 Bunker Circle Suite, Apt. #, etc.
City & State 23 Rotonda West, FL Zip 24 33947	City & State 28 Rotonda West, FL Zip 29 33947
Country 25 U.S.	Country 30 U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIS, ROBERT L 1445 EDUCATION WAY PRT CHARLOTTE FL 33948	
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MCGREGOR, JAN
STREET ADDRESS	28800 HARBORVIEW ROAD
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CRANDALL, JOANNE
STREET ADDRESS	22400 HANCOCK AVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	D <input type="checkbox"/> DELETE
NAME	WINDSPIRIT, PAM
STREET ADDRESS	17325 MARINER AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MORGAN, PAM
STREET ADDRESS	18200 TOLEDO BLADE BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIZZAFFI, KAREN
STREET ADDRESS	2511 VASCO ST.
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAYNE ARRINGTON
2.3 STREET ADDRESS	29453 LILLIS STREET
2.4 CITY-ST-ZIP	PUNTA GORDA FL 33982
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOB DAVIS
4.3 STREET ADDRESS	23 BUNKER CIRCLE
4.4 CITY-ST-ZIP	ROTONDA WEST, FL 33947
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **Robert L. Davis**

941 255-0808

CR2E037 (10/97)