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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000652

1. Corporation Name

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

Principal Place of Business

23 BUNKER CIRCLE
ROTONDA WEST FL 33947
US

Mailing Address

23 BUNKER CIRCLE
ROTONDA WEST FL 33947
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 *11 Pebble Beach Rd*
23 City & State
Rotonda West FL
24 Zip
33947 25 Country
Charlotte

2a. Mailing Address

26 Suite, Apt. #, etc.
27 *11 Pebble Beach Rd*
28 City & State
Rotonda West FL
29 Zip
33947 30 Country
Charlotte

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

65-0726241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, ROBERT L
1445 EDUCATION WAY
PRT CHARLOTTE FL 33948

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 *Robert L. Davis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Robert L. Davis *1/6/99*

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS MCGREGOR, JAN
CITY-ST-ZIP 26900 HARBORVIEW ROAD
PUNTA GORDA FL 33983

TITLE ☐ DELETE
NAME D
STREET ADDRESS ARRINGTON, JAYNE
CITY-ST-ZIP 29453 LILLIS ST
PUNTA GORDA FL 33982

TITLE ☐ DELETE
NAME D
STREET ADDRESS WINDSPIRIT, PAM
CITY-ST-ZIP 17325 MARINER AVE.
PORT CHARLOTTE FL 33948

TITLE ☐ DELETE
NAME D
STREET ADDRESS BOB DAVIS
CITY-ST-ZIP 23 BUNKER CIR
ROTONDA WEST FL 33947

TITLE ☐ DELETE
NAME D
STREET ADDRESS GRIZZAFFI, KAREN
CITY-ST-ZIP 2511 VASCO ST.
PUNTA GORDA FL 33950

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME ~~Robert L. Davis~~
1.3 STREET ADDRESS ~~11 Pebble Beach Rd~~
1.4 CITY-ST-ZIP ~~Rotonda West FL 33947~~

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS Bob Davis
4.4 CITY-ST-ZIP 11 Pebble Beach Rd
Rotonda West FL 33947

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Grizzaffi, Karen
5.4 CITY-ST-ZIP 1153 Navigator Rd
Punta Gorda FL 33983

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Robert L. Davis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

941-255-7535

Daytime Phone #

CR2E037 (11/98)