

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704886

FILED
Apr 14, 2009
Secretary of State

Entity Name: PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC.

Current Principal Place of Business:

%SOUTHERN SCHOLARSHIP FOUNDATION
322 STADIUM DR.
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

4903 NW 41ST STREET
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-6147872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASON, SARA
515 N US 301
SUMTERVILLE, FL 33585 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: P () Delete
Name: MOUNT, LAVELLE
Address: 4903 NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: PE () Delete
Name: HESSLER, LINDA
Address: 1245 SHADOW LANE
City-St-Zip: FT MYERS, FL 33901

Title: S () Delete
Name: DUBOVSKY, BETTY
Address: 6533 TODD ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: STEPHENSON, LYNNE
Address: 3161 MAC ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: MASON, SARA
Address: 515 N US 301
City-St-Zip: SUMTERVILLE, FL 33585

Title: D () Delete
Name: MILLER, NANCY
Address: 1402 REDBUD CIRCLE
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 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: SARA MASON

T

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date