

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010130

FILED
Apr 24, 2009
Secretary of State

Entity Name: BUZZ DUMBLETON SCHOLARSHIP, INC.

Current Principal Place of Business:

113 MIDWAY DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

113 MIDWAY DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 05-0591037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, WILLIAM H III
113 MIDWAY DRIVE
SEBRING, FL 33870 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: PD () Delete
Name: STEPHENSON, WILLIAM H III
Address: 4220 APPALOOSA ROAD
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: JONES, BARRY S
Address: 105 SHARON AVENUE
City-St-Zip: SEBRING, FL 33872

Title: STD () Delete
Name: WHIDDEN, JERRY T
Address: 2451 LAKE LILLIAN DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: WOLFE, MARVIN
Address: 803 S. EGRET STREET
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: TONDEE, GWEN
Address: 113 FORT MARION RD
City-St-Zip: BEAUFORT, SC 29902

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
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 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: WILLIAM STEPHENSON

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date