

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011908

FILED
Apr 25, 2007
Secretary of State

Entity Name: SUSAN ZYSEK SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

961 NE 4TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

961 NE 4TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-8020960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZYSEK, JEFFREY
961 NE 4TH STREET
OCALA, FL 34470 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: ZYSEK, JEFFREY A
Address: 961 NE 4TH STREET
City-St-Zip: Ocala, FL 34470

Title: VD () Delete
Name: STRZYZYNSKI, DAVID T
Address: 106 COLLEGE CROSSING
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: SD () Delete
Name: HEITMULLER, KIMBERLY
Address: 4047 S.E. 3RD STREET
City-St-Zip: Ocala, FL 34471

Title: TD () Delete
Name: ZYSEK, MICHAEL S
Address: 3036 N. CAVES VALLEY
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: STRZYZYNSKI, DAVID T
Address: 106 COLLEGE CROSSING
City-St-Zip: ROLLING MEADOWS, IL 60008

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: JEFFREY A. ZYSEK

PD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date