2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009308

FILED Apr 22, 2009 Secretary of State

Entity Name: WHITNEY LEE DECARLO SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

New Principal Place of Business:

9623 CAMBERLEY CIRCLE 6057 LADY BET DRIVE ORLANDO, FL 32836 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

9623 CAMBERLEY CIRCLE PO BOX 219

ORLANDO, FL 32836 WINDERMERE, FL 34786

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUERRIERO, FRANK T DECARLO, STACEY
9623 CAMBERLEY CIRCLE 6057 LADY BET DRIVE.
ORLANDO, FL 32836 US ORLANDO, FL 32819 US

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: STACEY DECARLO 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Delete Title: P (X) Change () Addition Name: GUERRIERO, FRANK T Name: DECARLO, STACEY

 Address:
 9623 CAMBERLEY CIRCLE
 Address:
 PO BOX 219

 City-St-Zip:
 ORLANDO, FL 32836
 City-St-Zip:
 WINDERMERE, FL 34786

Name: Name: DECARLO, DENNIS
Address: Address: PO BOX 219

City-St-Zip: City-St-Zip: WINDERMERE, FL 34786

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 DECARLO, MEGAN

 Address:
 Address:
 PO BOX 219

City-St-Zip: City-St-Zip: WINDERMERE, FL 34786

Title: () Delete Title: VP () Change (X) Addition

Name: DECARLO, ANDREW

Address: Address: PO BOX 219

City-St-Zip: City-St-Zip: WINDERMERE, FL 34786

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: STACEY DECARLO P 04/22/2009