

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N27855

Entity Name: DARCY AKERS ORMOND BEACH ROTARY SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

120 E. GRANADA BLVD.
C/O WILLIAM AKERS, III
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

120 E. GRANADA BLVD.
C/O WILLIAM AKERS, III
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2957668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKERS, WILLIAM III
120 E. GRANADA BLVD.
ORMOND BEACH, FL 32176 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: D () Delete
Name: CARTLEDGE, THOMAS H.
Address: 417 N. BEACH ST.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: GILKEY, KENNETH G
Address: 120 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: MAYO, HOWARD A. JR.
Address: 110 COUNTRY CLUB DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: AKERS, WILLIAM III
Address: 120 E. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: GRANVILLE, GERALD C
Address: 575 NORTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174

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 AKERS, III

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date