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Jun 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N45321 (9)**

1. Corporation Name

**CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, INC**

Principal Place of Business

Mailing Address

**4949 BILLINGS AVENUE  
P.O. BOX 501  
DELEON SPRINGS FL 32059-4426**

**4949 BILLINGS AVENUE  
P.O. BOX 501  
DELEON SPRINGS FL 32130-0501**



3. Date Incorporated or Qualified **09/25/1991** 3a. Date of Last Report **02/23/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip **25** Country

**28** Zip **30** Country

4. FEI Number **59-3093714** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULER, RICHARD W.  
808 PARK AVENUE  
DELEON SPRINGS FL 32130**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SHEPARD, LEONARD**  
STREET ADDRESS **3355 OAKLEA DRIVE**  
CITY-ST-ZIP **DELAND FL** **(1)**

1.1 TITLE **SD** ☐ Change ☒ Addition  
1.2 NAME **Paige, Robert E.** **(2)**  
1.3 STREET ADDRESS **3823 Grand Ave.**  
1.4 CITY-ST-ZIP **DeLand, FL 32720**

TITLE **VD** ☒ DELETE  
NAME **SCHULER, RICHARD W.**  
STREET ADDRESS **808 PARK AVENUE**  
CITY-ST-ZIP **DELEON SPRINGS FL**

2.1 TITLE **TD** ☒ Change ☐ Addition  
2.2 NAME **Schuler, Richard W.** **(3)**  
2.3 STREET ADDRESS **808 Park Avenue**  
2.4 CITY-ST-ZIP **DeLeon Springs, Florida**

TITLE **SD** ☒ DELETE  
NAME **LINKNER, NANCY**  
STREET ADDRESS **5739 CLARK STREET**  
CITY-ST-ZIP **DELEON SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **WALTER C POUNDS JR**  
STREET ADDRESS **1446 W VOORHIS AVE**  
CITY-ST-ZIP **DELAND FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)