

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45321**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3093714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SHEPARD, LEONARD  
STREET ADDRESS 3355 OAKLEA DRIVE  
CITY-ST-ZIP DELAND FL

TITLE SD ☐ Delete  
NAME BENSON, GURDEN  
STREET ADDRESS 200 WEST STATE ROAD 40  
CITY-ST-ZIP BARBERVILLE FL

TITLE TD ☐ Delete  
NAME SCHULER, RICHARD W.  
STREET ADDRESS 808 PARK AVE.  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE D ☐ Delete  
NAME BREEZE, MARILYN  
STREET ADDRESS 5035 DELEON OAKS COURT  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000588483  
06/01/06-30001-006 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard W. Schuler*

5/26/06