

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45321

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

4949 BILLINGS AVENUE  
DELEON SPRINGS, FL 32130 US

**New Principal Place of Business:**

**Current Mailing Address:**

4949 BILLINGS AVENUE  
P. O. BOX 501  
DELEON SPRINGS, FL 32130 US

**New Mailing Address:**

FEI Number: 59-3093714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHULER, RICHARD W.  
808 PARK AVENUE  
DELEON SPRINGS, FL 32130 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: SHEPARD, LEONARD,  
Address: 3355 OAKLEA DRIVE  
City-St-Zip: DELAND, FL 32127 US

Title: SD ( ) Delete  
Name: BENSON, GURDEN  
Address: 200 WEST STATE ROAD 40  
City-St-Zip: BARBERVILLE, FL 32105 US

Title: TD ( ) Delete  
Name: SCHULER, RICHARD W.  
Address: 808 PARK AVE.  
City-St-Zip: DELEON SPRINGS, FL

Title: D ( ) Delete  
Name: BREEZE, MARILYN  
Address: 5035 DELEON OAKS COURT  
City-St-Zip: DELEON SPRINGS, FL 32130 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCWILLIAMS, DORIS,  
Address: 449 E BERLIN ST.  
City-St-Zip: DELEON SPRINGS, FL 32130 US

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: RICHARD W. SCHULER

MR.

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date