

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45321

FILED
Apr 28, 2011
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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BREEZE, MARILYN A MRS.
5035 DELEON OAKS CT.
DELEON SPRINGS, FL 32130 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: MARILYN A. BREEZE

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: MCWILLIAMS, DORIS MRS
Address: 449 E BERLIN ST.
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: PD
Name: REDDISH, BARBARA W MRS
Address: 950 ROLLING ACRES DR.
City-St-Zip: DELAND, FL 32720 US

Title: VD
Name: SCHULER, RICHARD W.
Address: 808 PARK AVE.
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: TD
Name: BREEZE, MARILYN
Address: 5035 DELEON OAKS COURT
City-St-Zip: DELEON SPRINGS, FL 32130 US

I hereby 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 all other like empowered.

SIGNATURE: MARILYN A. BREEZE

TD

04/28/2011

Electronic Signature of Signing Officer or Director

Date