

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004056

Entity Name: THE JULIE ANN KAPPERT SCHOLARSHIP FOUNDATION,
INCORPORATED**Current Principal Place of Business:**5 INDIAN RIVER AVE APT 1101
TITUSVILLE, FL 32796**Current Mailing Address:**5 INDIAN RIVER AVE APT 1101
TITUSVILLE, FL 32796 US**FEI Number:** 22-2848967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAPPERT, CHARLES
5 INDIAN RIVER AVE APT 1101
TITUSVILLE, FL 32796 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:** CHARLES KAPPERT

01/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KAPPERT, JEFFREY C
Address	381 SUMMERSET DRIVE
City-State-Zip:	SWITZERLAND FL 32259

Title	SEC
Name	KAPPERT, CAROL B
Address	5 INDIAN RIVER AVE APT 1101
City-State-Zip:	TITUSVILLE FL 32796

Title	PRES
Name	KAPPERT, CHARLES F
Address	5 INDIAN RIVER AVE APT 1101
City-State-Zip:	TITUSVILLE FL 32796

Title	DIR
Name	KAPPERT, CHARLES F
Address	5 INDIAN RIVER AVE APT 1101
City-State-Zip:	TITUSVILLE FL 32796

Title	DIR
Name	KAPPERT, JEFFREY C
Address	381 SUMMERSET DRIVE
City-State-Zip:	SWITZERLAND FL 32259

Title	DIR
Name	KAPPERT, CAROL B
Address	5 INDIAN RIVER AVE APT 1101
City-State-Zip:	TITUSVILLE FL 32796

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: CHARLES KAPPERT**DIRECTOR**

01/08/2017

Electronic Signature of Signing Officer/Director Detail

Date