

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002365

**Entity Name:** FLCARH SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**516 LAKEVIEW ROAD SUITE 8  
CLEARWATER, FL 33756**Current Mailing Address:**516 LAKEVIEW ROAD SUITE 8  
CLEARWATER, FL 33756 US**FEI Number:** 26-4784058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUMMERS, GARY L  
380 WEST ALFRED STREET  
TAVARES, FL 32778 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY
Name	BORTON, PAMELA K
Address	1006 GROVE STREET
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	LEWIS, NORINE
Address	3111 PACES MILL ROAD SE
City-State-Zip:	ATLANTA GA 30339

Title	PRESIDENT
Name	FLYNN, KEVIN T
Address	516 LAKEVIEW ROAD SUITE 8
City-State-Zip:	CLEARWATER FL 33756

Title	VP
Name	SELIGMAN, KAREN
Address	7865 SOUTHSIDE BLVD
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	MISCUK, RICHARD
Address	1006 GROVE STREET
City-State-Zip:	CLEARWATER FL 33755

Title	TREASURER
Name	CONNER, BRIDGET
Address	250 N BELCHER ROAD # 100
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	MC KNIGHT, LISA
Address	1813 JACKSON BLUFF ROAD
City-State-Zip:	TALLAHASSEE FL 32304

*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:** KAREN SELIGMAN

VP

04/21/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date