

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002365

Entity Name: FLCARH SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**1006 GROVE STREET
CLEARWATER, FL 33757**Current Mailing Address:**PO BOX 10293
CLEARWATER, FL 33757**FEI Number: 26-4784058****Certificate of Status Desired: Yes****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	D
Name	BORTON, PAMELA K
Address	1006 GROVE STREET
City-State-Zip:	CLEARWATER FL 33757

Title	D
Name	MATHIS, CRYSTAL
Address	300 WEST DIXIE AVE
City-State-Zip:	LEESBURG FL 34748

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

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

Title	D
Name	HALE, TASHIA
Address	11635 NW 1 AVE
City-State-Zip:	GAINESVILLE FL 32607

Title	D
Name	MISCUK, RICHARD
Address	1006 GROVE STREET
City-State-Zip:	CLEARWATER FL 33757

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: PAMELA K BORTON**PRESIDENT****01/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date