


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 724326 1. Entity Name EUSTIS AREA SCHOLARSHIP LOAN FUND, INC.	
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Principal Place of Business P.O. BOX 1331 EUSTIS, FL 32727	Mailing Address P.O. BOX 1331 EUSTIS, FL 32727
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DO NOT WRITE IN THIS SPACE

04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7195738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FURNAS, WILLIAM
21 EAST PINEHURST BLVD
EUSTIS, FL 32726

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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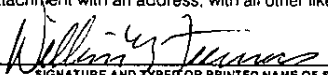
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOBIE, TIM 1 W. ORANGE AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURNAS, WILLIAM P.O. BOX 1331/21 PINEHURST BLVD EUSTIS, FL 32727
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05/30/08-80074-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-30-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #