

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001574

FILED
Oct 07, 2009
Secretary of State

Entity Name: DISCOVERY INSTITUTE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

227 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

227 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-3630961 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, DANNY R
227 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

LEWIS, DANNY R DISCOVE
227 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132 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: DANNY R. LEWIS

10/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MILES, RHONDA
Address: 344 WARREN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: POWERS, DELORIS
Address: 432 WARREN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: MIDLAND, KAREN
Address: 2409 WARREN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: REMILLARD, MATTHEW
Address: 794 OLD MISSION RD
City-St-Zip: NEW SMIRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRAULICH, ALLAN
Address: 214 FLAGLER AVENUE
City-St-Zip: EDGEWATER, FL 32132

Title: S (X) Change () Addition
Name: ALLARD, SANDRA
Address: 2524 JUNIPER DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: VP (X) Change () Addition
Name: CASEY, CINDY
Address: 2804 YULE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLAN GRAULICH

PRES

10/07/2009

Electronic Signature of Signing Officer or Director

Date