

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

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000002435**

1. Entity Name  
**JOEL EVERS AMERICAN LEGION SCHOLARSHIP FUND,  
INC.**



Principal Place of Business  
**117 W PALMETTO ST  
WAUCHULA, FL 33873**

Mailing Address  
**P. O. BOX 1142  
WAUCHULA, FL 33873**



03152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1014295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BURTON, JOHN W  
106 W. PALMETTO ST.  
WAUCHULA, FL 33873**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, JAMES W 2596 LEE SHACKELFORD RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAUNDERS, CARL 1150 SAUNDERS LANE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, LAWRENCE A 1269 PINE CT WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURTON, JOHN W 809 W. PALMETTO ST. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDY, JERRY H 912 W. MAIN ST. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000892766  
04/23/08-80079-006 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:** *John W. Burton* **JOHN W. BURTON** 04-07-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8637732331