

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006811

1. Entity Name
**PAUL LEO HAYWOOD MEMORIAL SCHOLARSHIP FUND,
INC.**



Principal Place of Business
**1725-3 PARKMEADOWS DR
FT MYERS, FL 33907**

Mailing Address
**1725-3 PARKMEADOWS DR
FT MYERS, FL 33907**



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1055805

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JUNGLE, HANK
1725-3 PARKMEADOWS DR
FT MYERS, FL 33907**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000725864
05/03/07-80039-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
JUNGLE, HANK
1725-3 PARKMEADOWS DRIVE
FT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TP
JUNGLE, PATSY
1725-3 PARKMEADOWS DR
FT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KELLY, DANIEL
15048 TAMARIND CAY CT
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

Patsy Jungle **PATSY JUNGLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07
Date

**239
939-4568**
Daytime Phone #