

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007169

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: JEAN WEIL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

775 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

775 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: 59-3678956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATES, JUSTIN  
775 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARNETTE, ROBERT MSGT.  
Address: 241 SHULL AVENUE  
City-St-Zip: GAHANNA, OH 43230

Title: D ( ) Delete  
Name: SOLIS, ARMANDO CDR  
Address: FLOUR BLUFF HS, 2505 WALDRON RD  
City-St-Zip: CORPUS CHRISTI, TX 78418

Title: D ( ) Delete  
Name: CHEATOM, JERRY LTC  
Address: 5110 WALZEM ROAD  
City-St-Zip: SAN ANTONIO, TX 78218

Title: D ( ) Delete  
Name: GATES, JUSTIN MR.  
Address: 775 FENTRESS BLVD.  
City-St-Zip: DAYTON BEACH, FL 32114

Title: D ( ) Delete  
Name: MIKESELL, GREG MAJ  
Address: 1906 CACTUS BLUFF  
City-St-Zip: SAN ANTONIO, TX 78258

Title: D ( ) Delete  
Name: WILLIAM, KEITH SGM  
Address: 2364 MOONLIGHT GLEN  
City-St-Zip: ESCONDIDO, CA 92026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: JUSTIN GATES

D

02/27/2009

Electronic Signature of Signing Officer or Director

Date