

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
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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