


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00434 1. Entity Name REGINALD E. JOHNSON MEMORIAL SCHOLARSHIP FUNDS CLUB, INC.	
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Principal Place of Business 2403 GRANT STREET MELBOURNE, FL 32901	Mailing Address PO BOX 3231 MELBOURNE, FL 32902-3231 US
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DO NOT WRITE IN THIS SPACE



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2397203	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHACKLEFORD, ERIE
3680 MEADOWLARK WAY
MELBOURNE, FL 32804**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000479250 04/08/06-80039-016 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD BANKS, MARY 704 E. BROTHERS AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD SHACKLEFORD, ERIE 3680 MEADOWLARK WAY MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD LUCAS, SHARON E 475 PORT MALABAR BLVD NE PALM BAY, FL 329053711
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD MOBLEY, ENOCH 1802 AIRPORT BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PHILLIPS, ELOUISE 13222 PECAN STREET MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D FINERSON, CARL 1677 DODGE CIRCLE NORTH MELBOURNE, FL 32935

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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: *Erie Shackelford* **3/21/06 321-727-3913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #