

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N00434

1. Entity Name
REGINALD E. JOHNSON MEMORIAL SCHOLARSHIP
FUNDS CLUB, INC.



Principal Place of Business

2403 GRANT STREET
MELBOURNE, FL 32901

Mailing Address

PO BOX 3231
MELBOURNE, FL 32902-3231 US



01242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2397203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHACKLEFORD, ERIE
3680 MEADOWLARK WAY
MELBOURNE, FL 32904

**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

Erie Shackelford

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2/3/08

**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	VD
NAME	BANKS, MARY
STREET ADDRESS	704 E. BROTHERS AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	PD
NAME	SHACKLEFORD, ERIE
STREET ADDRESS	3680 MEADOWLARK WAY
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	SD
NAME	LUCAS, SHARON E
STREET ADDRESS	475 PORT MALABAR BLVD NE
CITY-ST-ZIP	PALM BAY, FL 329053711
TITLE	TD
NAME	MOBLEY, ENOCH
STREET ADDRESS	1802 AIRPORT BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	PHILLIPS, ELOUISE
STREET ADDRESS	13222 PECAN STREET
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	FINERSON, CARL
STREET ADDRESS	1677 DODGE CIRCLE NORTH
CITY-ST-ZIP	MELBOURNE, FL 32935

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02/18/08-80009-017 70.00

**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:

Erie Shackelford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

Date

321-727-3913

Daytime Phone #