

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90111 001 ****61.25

DOCUMENT # N01000001540					
1. Entity Name IFDF SCHOLARSHIP FOUNDATION, INC.					
Principal Place of Business 119 EAST PARK AVE TALLAHASSEE, FL 32301		Mailing Address 119 EAST PARK AVE TALLAHASSEE, FL 32301			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3758033	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, RONALD G ESQ C/O MEYER & BROOKS, P.A. 2544 BLAIRSTONE PINES DR TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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) 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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<u>C</u>	<input type="checkbox"/> Delete	TITLE	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, SAM		NAME		
STREET ADDRESS	519 CATHCART AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	<u>D</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAKINS, JOHN		NAME		
STREET ADDRESS	125 BLUE RUN DR		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 344329998		CITY-ST-ZIP		
TITLE	<u>D</u>	<input type="checkbox"/> Delete	TITLE	<u>Secretary</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, ASHLEY		NAME		
STREET ADDRESS	311 S MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	<u>D</u>	<input type="checkbox"/> Delete	TITLE	<u>Treasurer</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINS, ROBERT		NAME	<u>M. Stephen Lewis</u>	
STREET ADDRESS	P.O. BOX 10041		STREET ADDRESS	<u>6405 Highway 90 West</u>	
CITY-ST-ZIP	JACKSONVILLE, FL 322470041		CITY-ST-ZIP	<u>Milton, FL 32572</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete	TITLE	<u>VICE PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKS, RONNIE		NAME		
STREET ADDRESS	100 BEVERLY PKWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	<u>D</u>	<input type="checkbox"/> Delete	TITLE	<u>EXECUTIVE DIRECTOR</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEFF, JAN		NAME		
STREET ADDRESS	119 EAST PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
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: <u>Jan Scheff</u>		Date: <u>1-30-06</u>		Daytime Phone #: <u>850-222-0198</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50002800



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