

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001540

FILED
Apr 02, 2007
Secretary of State

Entity Name: IFDF SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

119 EAST PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

119 EAST PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 10969
TALLAHASSEE, FL 323022969

FEI Number: 59-3758033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, RONALD G ESQ
C/O MEYER & BROOKS, P.A.
2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301 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: P () Delete
Name: ODOM, SAM
Address: 519 CATHCART AVE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: DEAKINS, JOHN
Address: 125 BLUE RUN DR
City-St-Zip: DUNNELLON, FL 344329998

Title: S () Delete
Name: MILAM, ASHLEY
Address: 311 S MAIN ST
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: LEWIS, M. STEPHEN
Address: 6405 HWY 90 W
City-St-Zip: MILTON, FL 32572

Title: VP () Delete
Name: MACKS, RONNIE
Address: 100 BEVERLY PKWY
City-St-Zip: PENSACOLA, FL 32505

Title: ED () Delete
Name: SCHEFF, JAN
Address: 119 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

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 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: JAN SCHEFF

ED

04/02/2007

Electronic Signature of Signing Officer or Director

Date