

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001540

FILED  
Mar 24, 2009  
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:**

P.O. BOX 10969  
TALLAHASSEE, FL 323022969

**New Mailing Address:**

FEI Number: 59-3758033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEFF, JANETTE M  
119 EAST PARK AVE  
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: MORGAN, GEORGE  
Address: 6025 TROUBLE CREEK RD  
City-St-Zip: NEW PORT RICHIE, FL 34653

Title: D ( ) Delete  
Name: DEAKINS, JOHN  
Address: 9395 SW 186TH TERRACE  
City-St-Zip: DUNNELLON, FL 344329998

Title: S (X) 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: P (X) Change ( ) Addition  
Name: ODOM, SAM  
Address: 2170 S MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D (X) Change ( ) Addition  
Name: DEAKINS, JOHN P  
Address: 9395 SW 186TH TERRACE  
City-St-Zip: DUNNELLON, FL 344329998

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  
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: JAN SCHEFF

ED

03/24/2009

Electronic Signature of Signing Officer or Director

Date