

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001542

FILED
May 01, 2008
Secretary of State

Entity Name: FLORIDA MINERALS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1101 N. MADISON ST.
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

1101 N. MADISON ST.
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-3714893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIHALIK, DAVID P
6359 SAN MARTIN CT.
TALLAHASSEE, FL 32312 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: DS () Delete
Name: NIX, SHERRI
Address: 1101 N. MADISON ST
City-St-Zip: QUINCY, FL 32351

Title: DV () Delete
Name: KOEPKE, JON
Address: 59 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: DT () Delete
Name: BATTS, MIKE
Address: 2916 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP () Delete
Name: MIHALIK, DAVID
Address: 1101 N MADISON ST
City-St-Zip: QUINCY, FL 32351

Title: DS () Delete
Name: GONG, STEVEN W
Address: 800 FAIRWAY DR, STE 3540
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: WILLIAMS, CHAD
Address: 2916 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 34301

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: DAVID P MIHALIK

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date