


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**


04-30-2007 90469 045 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000002861	
<b>1. Entity Name</b> FLORIDA SCHOLASTIC CHESS LEAGUE, INC.	

<b>Principal Place of Business</b> 4415 NW 32ND PLACE GAINESVILLE, FL 32606	<b>Mailing Address</b> 4415 NW 32ND PLACE GAINESVILLE, FL 32606
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<b>2. Principal Place of Business - No P.O. Box #</b> 3539 NW 39th Ave	<b>3. Mailing Address</b> P.O. Box 12197
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Gainesville, FL	<b>City &amp; State</b> Gainesville, FL
<b>Zip</b> 32605	<b>Zip</b> 32604
<b>Country</b> USA	<b>Country</b> USA

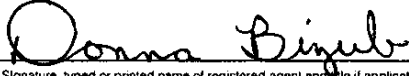


04222007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 59-3632498	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> BIZUB, DONNA 11217 NW 36TH AVENUE GAINESVILLE, FL 32606	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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**  **DATE**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> DEWITT, MONICA 2012 NW 21ST STREET GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> Gil Luna 12721 SW 209th St. Miami, FL 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> BIZUB, DONNA 11217 NW 36TH AVE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> ELIZABETH, TEJEDA 733 E 57TH STREET HILALEAH, FL 33013 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> TAYLOR, WILLARD 103 DRUID HILLS ROAD TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> MCCUE, CHRIS 6311 NE 22ND AVENUE FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> PYNE, GEORGE 3539 NW 39TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **4/27/07** **352-378-2461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #