

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003692

FILED
Feb 03, 2009
Secretary of State

Entity Name: THE ROBERT G. AND GAIL F. KNIGHT SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1975 COMMONWEALTH LN.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1975 COMMONWEALTH LN.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3723102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCE, BELINDA T
1625 SUMMIT LAKE DRIVE
SUITE 240
TALLAHASSEE, FL 32317 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: D () Delete
Name: KNIGHT, ROBERT G
Address: 1975 COMMONWEALTH LN.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: KNIGHT, GAIL F
Address: 1975 COMMONWEALTH LN.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SAWYER, VIRGINIA
Address: 1975 COMMONWEALTH LN.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: JAGERS, MICHELLE
Address: 1975 COMMONWEALTH LN.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MURPHY, DAN
Address: 1975 COMMONWEALTH LN.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: FITZGERALD, JENNIFER
Address: 1975 COMMONWEALTH LN.
City-St-Zip: TALLAHASSEE, FL 32303

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
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: GAIL F. KNIGHT

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date