2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N02000000596

Entity Name: GAMMA XI BOULE' SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

7003 TWIN HILLS TERRACE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

7003 TWIN HILLS TERRACE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 59-3711858 **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:

FLOOD, ARTHUR C
7003 TWIN HILLS TERRACE
BRADENTON, FL 34202 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:	FLOOD, ARTHUR C	
Address:	7003 TWIN HILLS TERRACE	
City-St-Zip:	BRADENTON, FL 34202	
Title:	V	( ) Delete
Name:	HUDGINS, ALVIN	
Address:	7318 WESTMINSTER COURT	
City-St-Zip:	UNIVERSITY PARK, FL 34201	
Title:	T	( ) Delete
Name:	JOHNSON, ROBERT	
Address:	35 WATERGATE DRIVE, SUITE 401	
City-St-Zip:	SARASOTA, FL 34236	
Title:	S	( ) Delete
Name:	MOORE, ROBERT DR	
Address:	6543 MASTERS AVENUE	
City-St-Zip:	BRADENTON, FL 34202	
Title:	BM	( ) Delete
Name:	BUCHANAN, S. CARROLL DR	
Address:	5346 EVERWOOD RUN	
City-St-Zip:	SARASOTA, FL 34235	
Title:	BM	( ) Delete
Name:	MIMS, GEORGE DR	
Address:	113 SHADY PARKWAY	
City-St-Zip:	SARASOTA, FL 34232	

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: ARTHUR C FLOOD P 06/23/2009
Electronic Signature of Signing Officer or Director — Date