

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000596

FILED  
Apr 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5679 EASTWIND DRIVE  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

2439 WALKER CIRCLE  
SARASOTA, FL 34234 US

**Current Mailing Address:**

5679 EASTWIND DRIVE  
SARASOTA, FL 34233 US

**New Mailing Address:**

2439 WALKER CIRCLE  
SARASOTA, FL 34234 US

**FEI Number:** 59-3711858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, LACY JR.  
5679 EASTWIND DRIVE  
SARASOTA, FL 34233 US

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

JAMES, BROWN C  
2439 WALKER CIRCLE  
SARASOTA, FL 34234 US

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: JAMES C. BROWN

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, JAMES C  
Address: 2439 WALKER CIRCLE  
City-St-Zip: SARASOTA, FL 34234 US

Title: V  
Name: GREEN, CHARLES M.D.  
Address: 6006 WINCHESTER PLACE  
City-St-Zip: SARASOTA, FL 34243 US

Title: T  
Name: DIXON, ANDREW ESQ.  
Address: 1290 GULF BLVD. #1407  
City-St-Zip: CLEARWATER, FL 33767 US

Title: S  
Name: CLARKE, GARVEY ESQ.  
Address: 8086 STERLING FALLS CIRCLE  
City-St-Zip: SARASOTA, FL 34243 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES C. BROWN

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date