

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N02000000694

Entity Name: FPEA SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

170 12TH ST NE
NAPLES, FL 34120

New Principal Place of Business:

8231 NW 8TH CT.
PLANTATION, FL 33324

Current Mailing Address:

P.O. BOX 110153
NAPLES, FL 34108

New Mailing Address:

8231 NW 8TH CT.
PLANTATION, FL 33324

FEI Number: 01-0628759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASON, DONIELLE
644 SE FOURTH AVE
FT LAUDERDALE, FL 33301 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: KRUMBINE, MARCY
Address: 170 12TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: PRENTICE, JAN
Address: 10335 NW 5TH AVE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: KNOPF, PAMELA
Address: 1695 MAYFAIR ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: FREEMAN, BILL
Address: P.O.BOX 593
City-St-Zip: WALDO, FL 32894

Title: D (X) Delete
Name: MASON, DONIELLE
Address: 8321 NW 8TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: KERNOHAN, JOHN
Address: 2700 N. 29TH AVE #205
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASON-KAZIM, DONIELLE
Address: 8231 NW 8TH CT.
City-St-Zip: PLANTATION, FL 33324

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

Title: D (X) Change () Addition
Name: HANCOCK, MONTE
Address: 406 DARTMOUTH AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change () Addition
Name: FREEMAN, BILL
Address: 25467 SW FIRST AVE
City-St-Zip: NEWBERRY, FL 32669

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: JAN PRENTICE, TREASURER

D

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date