

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001138

FILED
Mar 13, 2007
Secretary of State

Entity Name: DESOTO SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

10801 DESOTO RD.
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

318 FAIRSIDE CT
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 43-1956706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHBACK, WALTER W SEC'TY
318 FAIRSIDE CT.
SUN CITY CENTER, FL 33573 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: WATSON, DAVID, JR G PRES.
Address: 754 FORTUNA DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: WATSON, DAVID, SR. G DIR
Address: 1061 EMERALD DR.
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: LOWE, FRANK DIR
Address: PO BOX 214
City-St-Zip: BRANDON, FL 33509

Title: S () Delete
Name: FISHBACK, WALT S/T
Address: 318 FAIRSIDE CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: JAMES, HILLER DIR.
Address: 6603 BLACKFIN WAY
City-St-Zip: APOLLO BEACH, FL 33572

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER W. FISHBACK

SECT

03/13/2007

Electronic Signature of Signing Officer or Director

Date