

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90128 019 \*\*\*\*70.00

**DOCUMENT # N02000001986**

1. Entity Name

MOORE HAVEN HIGH SCHOOL SCHOLARSHIP  
FOUNDATION, INC.



Principal Place of Business

500 AVENUE J  
MOORE HAVEN, FL 33471

Mailing Address

PO BOX 4004  
MOORE HAVEN, FL 33471

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALDRICH, WAYNE  
62620 FRONTIER CIRCLE  
LABELLE, FL 33935

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALDRICH, WAYNE
STREET ADDRESS	62620 FRONTIER CIRCLE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	FLINT, JOE
STREET ADDRESS	500 AVE J
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	LUCKEY, LARRY
STREET ADDRESS	2030 MARSHALL FIELD ROAD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	CHAPMAN, DAVID
STREET ADDRESS	765 E. SR 78
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	BECK, PAUL
STREET ADDRESS	360 ALLIGATOR RD
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	PERRY, CARL
STREET ADDRESS	950 WESTERN DR
CITY-ST-ZIP	MOORE HAVEN, FL 33471

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Wayne Aldrich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/29/06*  
Date

Daytime Phone #