

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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



01312007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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, 2007

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

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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

1/31/07 (863) 946-2083
Date Daytime Phone #