

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 003 ****70.00

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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**

40002445



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**ALDRICH, WAYNE
62620 FRONTIER CIRCLE
LABELLE, FL 33935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D ALDRICH, WAYNE**
STREET ADDRESS **62620 FRONTIER CIRCLE**
CITY - ST - ZIP **LABELLE, FL 33935**

TITLE ☐ Change ☒ Addition
NAME **D Peoples, Jeannette**
STREET ADDRESS **8985 N. Wayman Road**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Delete
NAME **D FLINT, JOE**
STREET ADDRESS **500 AVE J**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Change ☒ Addition
NAME **D Geake, Ellen Hawk**
STREET ADDRESS **8230 Calousahatchee Dr. SW**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Delete
NAME **D LUCKEY, LARRY**
STREET ADDRESS **2030 MARSHALL FIELD ROAD**
CITY - ST - ZIP **LABELLE, FL 33935**

TITLE ☐ Change ☒ Addition
NAME **D McCordel, William D.**
STREET ADDRESS **26415 Lobolly Bay Road**
CITY - ST - ZIP **LaBelle, FL 33935**

TITLE ☐ Delete
NAME **D CHAPMAN, DAVID**
STREET ADDRESS **765 E. SR 78**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Change ☒ Addition
NAME **D Huysman, John T.**
STREET ADDRESS **820 Cypress Ave SW**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Delete
NAME **D BECK, PAUL**
STREET ADDRESS **360 ALLIGATOR RD**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D PERRY, CARL**
STREET ADDRESS **950 WESTERN DR**
CITY - ST - ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **Wayne Aldrich** 01/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #