

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001986

FILED
Apr 23, 2009
Secretary of State

Entity Name: MOORE HAVEN HIGH SCHOOL SCHOLARSHIP ORGANIZATION, INC.

Current Principal Place of Business:

400 SW 10TH STREET
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 459
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 01-0736262 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEEPLES, JEANETTE
400 SW 10TH STREET
MOORE HAVEN, FL 33471 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: PCD () Delete
Name: ALDRICH, WAYNE
Address: 62620 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: FLINT, JOE
Address: PO BOX 4004
City-St-Zip: MOORE HAVEN, FL 33471

Title: VD () Delete
Name: LUCKEY, LARRY
Address: 20300 MARSHALL FIELD ROAD
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: CHAPMAN, DAVID
Address: 765 E. STATE ROAD, LAKEPORT
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: BECK, PAUL
Address: 360 ALLIGATOR RD., LAKEPORT
City-St-Zip: MOORE HAVEN, FL 33471

Title: STD () Delete
Name: PEEPLES, JEANETTE
Address: 8985 N. WAYMAN RD.
City-St-Zip: MOORE HAVEN, FL 33471

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:

Title: STD (X) Change () Addition
Name: PEEPLES, JEANETTE
Address: 3203 WAYMAN RD.
City-St-Zip: MOORE HAVEN, FL 33471

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: JEANETTE PEEPLES

STD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date