

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001986

FILED
Jan 10, 2010
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:

PO BOX 795
MOORE HAVEN, FL 33471

FEI Number: 01-0736262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEEPLS, JEANETTE
400 SW 10TH STREET
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

PEEPLS, JEANETTE
3203 WAYMAN ROAD
MOORE HAVEN, FL 33471 US

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:

01/10/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: ALDRICH, WAYNE
Address: 62620 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935

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

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

Title: D
Name: HUYSMAN, JOHN T
Address: 820 CYPRESS AV
City-St-Zip: MOORE HAVEN, FL 33471

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

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

I hereby 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 all other like empowered.

SIGNATURE: JEANETTE PEEPLES

STD

01/10/2010

Electronic Signature of Signing Officer or Director

Date