2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N02000002966

Entity Name: THE GOODRUM/DARBY SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

175 PRAIRIE DUNE WAY
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4462
WINTER HAVEN, FL 33805 US

New Mailing Address:

FEI Number: 02-0582860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORTON, NORRIS H II
175 PRAIRIE DUNE WAY
ORLANDO, FL 32828 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:	VD	( ) Delete
Name:	DARBY, DAVID	
Address:	8041 ARCHER CIR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	TD	( ) Delete
Name:	HILLIARD, CHARLIE	
Address:	P O BOX 1324	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	CALHOUN, LEANDER	
Address:	1757 2 STREET NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	S	( ) Delete
Name:	THOMPSON, GERRI	
Address:	603 AVE O NE	
City-St-Zip:	WINTER HAVEN, FL 33805	
Title:	D	( ) Delete
Name:	COVINGTON, JOHN	
Address:	10991VALLEY FORGE CIR	
City-St-Zip:	CARAVEL, IN 43036	
Title:	PCBD	( ) Delete
Name:	HORTON, NORRIS H	
Address:	175 PRAIRIE DUNE WAY	
City-St-Zip:	ORLANDO, FL 328280	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: NORRIS H. HORTON PRES 04/20/2007
Electronic Signature of Signing Officer or Director — Date