2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N02000003259

Entity Name: GENE ALLEN MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

3355 SE 44TH AVE.
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

3355 SE 44TH AVE.
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 55-0788120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEESE, SAMUEL G
3355 SE 44TH AVE.
OKEECHOBEE, FL 34972 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: D ( ) Delete
Name: NEESE, SAMUEL G III
Address: 3355 SE 44TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: MCDUFFIE, LARISSA
Address: 1100 SE 5TH ST.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: ALLEN, CAMERON G
Address: 917 NW 3RD ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: ALLEN, BILLY DON
Address: 509 NW 16TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

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:

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: SAMUEL G NEESE III D 04/30/2007

Electronic Signature of Signing Officer or Director — Date