

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90047 043 ****70.25

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1. Entity Name

**D.R. ROBERTO BARRAGAN, JR. SCHOLARSHIP
ORGANIZATION, INC.**



Principal Place of Business

**7645 STATE ROAD 207
SPUDS, FL 32145**

Mailing Address

**PO BOX 637
HASTINGS, FL 32145**

40093908



04282006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0727132

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ORR, CHERI D
% BETHUNE-COOKMAN COLLEGE
7645 STATE ROAD 207
SPUDS, FL 32145**

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, WILE MAE
STREET ADDRESS	1400 HIGH STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	V
NAME	MOOTRY, RUSSELL DR
STREET ADDRESS	810 GROVE AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	S
NAME	ORR, CHERIE D
STREET ADDRESS	54 WEST RIDGE LANE
CITY-ST-ZIP	PALM COAST, FL 321647742
TITLE	T
NAME	WATKINS, REBECCA J
STREET ADDRESS	4510 ROYAL ST
CITY-ST-ZIP	PALATKA, FL 32177

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cheri D. Orr **Cheri D. Orr** **4-27-06 (904)692-2214**