

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004371

FILED
Jan 29, 2009
Secretary of State

Entity Name: DR. ROBERTO BARRAGAN, JR. SCHOLARSHIP ORGANIZATION, INC.

Current Principal Place of Business:

7645 STATE ROAD 207
SPUDS, FL 32145

New Principal Place of Business:

Current Mailing Address:

PO BOX 637
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 01-0727132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORR, CHERI D
% BETHUNE-COOKMAN COLLEGE
7645 STATE ROAD 207
SPUDS, FL 32145 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: P () Delete
Name: THOMAS, WILLE MAE
Address: 1400 HIGH STREET
City-St-Zip: PALATKA, FL 32177

Title: V () Delete
Name: MOOTRY, RUSSELL DR
Address: 810 GROVE AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: S () Delete
Name: ORR, CHERIE D
Address: 60 BRIGADOON LANE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: WATKINS, REBECCA J
Address: 4510 ROYAL ST
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ORR, CHERI D
Address: 60 BRIGADOON LANE
City-St-Zip: PALM COAST, FL 32137

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: CHERI D. ORR

S

01/29/2009

Electronic Signature of Signing Officer or Director

Date