2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N02000005334 07 APR -6 PH 3: 06 THE TALLAHASSEE MILITARY OFFICERS ASSOCIATION SECHETAIL OF STATE TALLAHASSEE, FLORIDA SCHOLARSHIP FOUNDATION, INC. Principal Place of Business Mailing Address 4044 ROSCREA DR P.O. BOX 3311 TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 04062007 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (12/06) City & State City & State FEI Number 30-0180141 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEGRAW, ALLEN Street Address (P.O. Box Number is Not Acceptable) 4044 ROSCREA DR TALLAHASSEE, FL 32309 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee Is \$61.25 [] Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 500096373**44**5 04/10/07--01048--014 **61 D ☐ Delete TITLE ☐ Addition TITLE DEGRAW, ALLEN NAME NAME 4044 ROSCREA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-\$1-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition CORY LLOYD NAME NAME STREET ADDRESS 9816 THUNDERHILL TRAIL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP D ☐ Defete TITLE Change Addition TITLE NAME CHRISTY, EARL B JR NAME STREET ADDRESS 3163 SHAMROCK E STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE GRANT, HAROLD NAME NAME STREET ADDRESS 2675 OX BOTTOM HILL STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition SNYDER, NEIL NAME NAME STREET ADDRESS 2557 BISHOPS GREEN TR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Delete ☐ Change **∑** Addition THILE TITLE SECPETARN DORIS E. POLLOCK 3465 LEDAR LANE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TALL, FL 32312-1207 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 all other like empowered.