2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N02000005334

Entity Name: THE TALLAHASSEE MILITARY OFFICERS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

4044 ROSCREA DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3311
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 30-0180141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEGRAW, ALLEN
4044 ROSCREA DR
TALLAHASSEE, FL 32309 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:	DEGRAW, ALLEN	
Address:	4044 ROSCREA DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	CORY, LLOYD	
Address:	9816 THUNDERHILL TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	REZENDES, ERNEST F	
Address:	6719 LORI COURT	
City-St-Zip:	TALLAHASSEE, FL 323178442	
Title:	D	( ) Delete
Name:	GRANT, HAROLD	
Address:	2675 OX BOTTOM HILL	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	SNYDER, NEIL	
Address:	2557 BISHOPS GREEN TR	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	S	( ) Delete
Name:	POLLOCK, DORIS E	
Address:	3465 CEDAR LANE	
City-St-Zip:	TALLAHASSEE, FL 323121207	

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 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: DORIS E. POLLOCK S 03/17/2009

Electronic Signature of Signing Officer or Director — Date