

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005474

FILED
Jul 20, 2005
Secretary of State

Entity Name: THE JAMES E. NETTLES MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

295 WEST PINE AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

295 WEST PINE AVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 11-2645191 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOGLE, THOMAS R
295 WEST PINE AVE
LONGWOOD, FL 32750 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: KANEY, FRANK N
Address: 2510 SHOREHAM ROAD
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: KANEY, ELEANORE
Address: 2510 SHOREHAM ROAD
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: HOGLE, THOMAS R
Address: 295 WEST PINE AVE
City-St-Zip: LONGWOOD, FL 32750

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS R. HOGLE

D

07/20/2005

Electronic Signature of Signing Officer or Director

Date