

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007345

FILED
Apr 27, 2009
Secretary of State

Entity Name: TARPON REUNION COMMITTEE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2936 PEACE RIVER DRIVE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-4447547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYMANS, MICHAEL P
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: DP () Delete
Name: DE GAETA, PAUL
Address: 2936 PEACE RIVER DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: V () Delete
Name: CHRISRENSSEN, MARK
Address: 2936 PEACE RIVER DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: DS () Delete
Name: HAYMANS, MICHAEL
Address: 99 NESBIT STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: DT () Delete
Name: ETHRIDGE, GAIL
Address: 17505 SENATOR DRIVE
City-St-Zip: PUNTA GORDA, FL 339552323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CHRISTENSEN, MARK
Address: 2936 PEACE RIVER DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

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: PAUL DEGAETA

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date