2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007972

CHANCELLOR, JOHN

74790 FIKA DEER WAY

() Delete

() Delete

9767 WINTERVIEW DRIVE

FT MYERS, FL 33912

KING, ALLISON

KING, ROBERT

525 MUREX DRIVE

NAPLES, FL 34102

NAPLES, FL 34109

Name:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: THE SHAWN KING SCHOLARSHIP FUND, INC.

FILED May 09, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
C/O ALLISON KING 525 MUREZ DRIVE NAPLES, FL 34102 US	C/O ALLISON RAINEY 29161 MARCELLO WAY NAPLES, FL 34110 US
Current Mailing Address:	New Mailing Address:
C/O ALLISON KING 525 MUREZ DRIVE NAPLES, FL 34102 US	C/O ALLISON RAINEY 29161 MARCELLO WAY NAPLES, FL 34110 US
FEI Number: 43-1979341 FEI Number Applied For () FEI Nur In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Name and Address of Current Registered Agent:	nber Not Applicable () Certificate of Status Desired () the prior notice. Name and Address of New Registered Agent:
GRABINSKI, MATTHEW L 4001 TAMIAMI TRAIL NORTH STE. 300 NAPLES, FL 34103 US	OPLT, KIM A 2248 TRADE CENTER WAY NAPLES, FL 34109 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: KIM OPLT	05/09/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: ST () Delete Name: CROSSETT, JOYCE Address: 3606 ENTERPRISE AVENUE City-St-Zip: NAPLES, FL 34102	Title: T (X) Change () Addition Name: OPLT, KIM Address: 2248 TRADE CENTER WAY City-St-Zip: NAPLES, FL 34109
Title: D () Delete Name: MANLEY, PAUL Address: 900 GOODLETTE ROAD NORTH City-St-Zip: NAPLES, FL 34102	Title: D (X) Change () Addition Name: MANLEY, PAUL Address: 1199 IMPERIAL DR. City-St-Zip: NAPLES, FL 34110
Title: D () Delete	Title: D (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CHANCELLOR, JOHN

FT MYERS, FL 33912

RAINEY, ALLISON

NAPLES, FL 34110

74790 SIKA DEER WAY

29161 MARCELLO WAY

(X) Change () Addition

() Change () Addition

SIGNATURE: KIM OPLT T 05/09/2006