

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007972

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** THE SHAWN KING SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

C/O ALLISON RAINEY  
29161 MARCELLO WAY  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLISON RAINEY  
29161 MARCELLO WAY  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 43-1979341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OPLT, KIM A  
2248 TRADE CENTER WAY  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

OPLT, KIM A  
1786 TRADE CENTER WAY #3  
NAPLES, FL 34109 US

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: KIM OPLT

01/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: OPLT, KIM  
Address: 2248 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: MANLEY, PAUL  
Address: 1199 IMPERIAL DR.  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: CHANCELLOR, JOHN  
Address: 74790 SIKI DEER WAY  
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete  
Name: RAINEY, ALLISON  
Address: 29161 MARCELLO WAY  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: KING, ROBERT  
Address: 9767 WINTERVIEW DRIVE  
City-St-Zip: NAPLES, FL 34109

**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:

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.

SIGNATURE: KIM OPLT

T

01/17/2007

Electronic Signature of Signing Officer or Director

Date