

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007972

FILED
Mar 07, 2009
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:

RAINEY, ALLISON C
29161 MARCELLO WAY
NAPLES, FL 34110 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: LEWIS, CHRISTINE
Address: 524 AUGUSTA BLVD C-202
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: KIRWIN, LEE ANN
Address: 548 CARPENTER COURT
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: CHANCELLOR, JOHN
Address: 7479 SIKI DEER WAY
City-St-Zip: FT MEYERS, FL 33966

Title: D () Delete
Name: RICE, TOM
Address: 6090 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116

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

Title: D () Delete
Name: KING, DIANE
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: D (X) Change () Addition
Name: BELLO, GREGORY MD
Address: 172 SEABREEZE AVENUE
City-St-Zip: NAPLES, FL 34108

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

Title: P (X) Change () Addition
Name: MANLEY, PAUL
Address: 1199 IMPERIAL DRIVE
City-St-Zip: NAPLES, FL 34110

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: JOHN L CHANCELLOR, JR

MR

03/07/2009

Electronic Signature of Signing Officer or Director

Date