

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008171

FILED
Feb 18, 2009
Secretary of State

Entity Name: SCOTT CHEERFUL RESIDENT CORP

Current Principal Place of Business:

6781 NW ABIGAIL AVE.
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

6781 NW ABIGAIL AVE.
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 83-0346028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, LINNETTE R
6781 NW ABIGAIL AVE.
PORT ST LUCIE, FL 34983 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: MGRP () Delete
Name: ROBINSON, LINNETTE
Address: 6781 NW ABIGAIL AVE.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: AVP () Delete
Name: PARCHMENT, CAROL
Address: 21325 NE 8TH PL.#3
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ACCT () Delete
Name: TAYLOR, MAXINE
Address: 1834 S.W MORELIA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: ROBINSON, HENRY
Address: 735 RAINBOW ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

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:

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: LINNETTE ROBINSON

MGRM

02/18/2009

Electronic Signature of Signing Officer or Director

Date