

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02945

FILED
Mar 11, 2009
Secretary of State

Entity Name: THE STEVE SELF MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

P O BOX 2029
LAKE CITY, FL 32056

New Principal Place of Business:

4705 W U.S. HWY 90
LAKE CITY, FL 32055

Current Mailing Address:

P O BOX 2029
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2411126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBFRIED, KEITH C.
326 WESTMORELAND
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

LEIBFRIED, KEITH C.
326 WESTMORELAND
LIVE OAK, FL 32064 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:

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEIL, IRENE,
Address: RT 1, BOX 411
City-St-Zip: LIVE OAK, FL

Title: TD () Delete
Name: LEIBFRIED, KEITH C.,
Address: 326 WESTMORELAND AVE.
City-St-Zip: LIVE OAK, FL

Title: SD () Delete
Name: SLAUGHTER, TINA F.,
Address: 631 SUWANNEE AVENUE
City-St-Zip: LIVE OAK, FL

Title: CD () Delete
Name: POSEY, STANLEY,
Address: 971 PINEVIEW CIRCLE
City-St-Zip: LIVE OAK, FL

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: KEITH C. LEIBFRIED

R.A.

03/11/2009

Electronic Signature of Signing Officer or Director

Date