

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90010 050 \*\*\*\*61.25

**DOCUMENT # N03000005107**

1. Entity Name

THE ALL AMERICAN SCHOLARSHIP TOUR FOUNDATION,  
INC.



Principal Place of Business

559 PALMETTO DR  
MELBOURNE FL 32935

Mailing Address

559 PALMETTO DR  
MELBOURNE FL 32935

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-2051345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

DELOACH, RONALD  
559 PALMETTO DR  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DELOACH, RONALD	
STREET ADDRESS	559 PALMETTO DR	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELOACH, KRISTINA	
STREET ADDRESS	559 PALMETTO DR	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ELIZABETH	
STREET ADDRESS	1020 S SPRING GARDEN AVE	
CITY- ST- ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	FASHANO, MARILYN	
STREET ADDRESS	3200 LEGENDARY LN	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DAVID	
STREET ADDRESS	994 WILSON ST	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, JAMES M.	
STREET ADDRESS	407 Amherst Ave.	
CITY- ST- ZIP	MELBOURNE FL. 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald A. DeLoach* RONALD A. DELOACH 2-8-08 (321) 253-4966