

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004006

FILED
Sep 05, 2006
Secretary of State

Entity Name: REV. DR. GUY S. NOTICE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

4425 N POWERS DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

4425 N POWERS DR
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 20-1242726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIPLIN, GARY A
GARY SIPLIN & ASSOCIATES, PA
5020 SILVER STAR RD - STE B
ORLANDO, FL 32808 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOTICE, GUY S
Address: 850 PALM OAK DR
City-St-Zip: APOKA, FL 32712

Title: VPD () Delete
Name: ROSE, LEBERT ROGER
Address: 441 LAKE JOHIO DR
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: SAMUELS, DELORES
Address: 770 HYACINTH DR
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: DALE, LORAIN
Address: 7169 STEFFIE LN
City-St-Zip: ORLANDO, FL 32818

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 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: GUY NOTICE

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date