

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004006

FILED
Apr 29, 2009
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:

P.O. BOX 680187
ORLANDO, FL 32866

New Mailing Address:

FEI Number: 20-1242726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIPLIN, GARY A
GARY SIPLIN & ASSOCIATES, PA
5020 SILVER STAR RD - STE B
ORLANDO, FL 32808 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: PD () Delete
Name: NOTICE, GUY S
Address: 850 PALM OAK DR
City-St-Zip: APOPKA, 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 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: LORAIN Y. DALE

MS

04/29/2009

Electronic Signature of Signing Officer or Director

Date