

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 014 ****61.25

DOCUMENT # N04000004704					
1. Entity Name DOROTHY FAISON BEARD SCHOLARSHIP FOUNDATION, INC.					
Principal Place of Business 12551 N.E. 25TH AVENUE ANTHONY, FL 32617			Mailing Address 12551 N.E. 25TH AVENUE ANTHONY, FL 32617		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEARD, TERRELL 12551 N.E. 25TH AVENUE ANTHONY, FL 32617			Name <i>Timothy L. Beard</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>4701 Copper Hill Drive</i>		
			City <i>Spring Hill</i> FL Zip Code <i>34609</i>		
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Timothy L. Beard</i>			DATE <i>2/2/08</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, TERRELL			NAME	
STREET ADDRESS	12551 N.E. 25TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	ANTHONY, FL 32617			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, TIMOTHY			NAME	
STREET ADDRESS	4701 COPPER HILL DR.			STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, WENDY			NAME	
STREET ADDRESS	4701 COPPER HILL DR.			STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, HERBERT			NAME	
STREET ADDRESS	318 AVENUE B			STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE, FL 32456			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Timothy L. Beard</i>			Date <i>2/2/08</i>		Daytime Phone # <i>251-533-3539</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #