

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004704

FILED
Apr 13, 2009
Secretary of State

Entity Name: DOROTHY FAISON BEARD SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

12551 N.E. 25TH AVENUE
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

12551 N.E. 25TH AVENUE
ANTHONY, FL 32617

New Mailing Address:

4701 COPPER HILL DRIVE
SPRING HILL, FL 34609

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARD, TIMOTHY L
4701 COPPER HILL DRIVE
SPRING HILL, FL 34609 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: P () Delete
Name: BEARD, TERRELL
Address: 12551 N.E. 25TH AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: V () Delete
Name: BEARD, TIMOTHY
Address: 4701 COPPER HILL DR.
City-St-Zip: SPRING HILL, FL 34609

Title: S () Delete
Name: BEARD, WENDY
Address: 4701 COPPER HILL DR.
City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete
Name: BEARD, HERBERT
Address: 318 AVENUE B
City-St-Zip: PORT ST. JOE, FL 32456

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: TIMOTHY L. BEARD

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date