

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005474

FILED
Mar 19, 2007
Secretary of State

Entity Name: PETER A. LAFLAM MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

9 HIALEAH DRIVE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

9 HIALEAH DRIVE
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 55-0875053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAWLIKOWSKI, JACQUELINE R
9 HIALELAH DRIVE
OCALA, FL 34482 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: PAWLIKOWSKI, JACQUELINE R
Address: 9 HIALEAH DRIVE
City-St-Zip: Ocala, FL 34482

Title: VP () Delete
Name: BAILEY, CYNTHIA L
Address: 4307 CLARK ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: TREA () Delete
Name: STEFANSKI, PATRICIA A
Address: 5100 S.E. 189 TERRACE
City-St-Zip: OCKLAWAHA, FL 32179

Title: SEC () Delete
Name: GRAVEL, REBECCA M
Address: 2218 N.E. 18TH AVENUE
City-St-Zip: Ocala, FL 34470

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: JACQUELINE R. PAWLIKOWSKI

P

03/19/2007

Electronic Signature of Signing Officer or Director

_____ Date