

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2008  
Secretary of State**

DOCUMENT# N04000005474

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 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 PAWLIKOWSKI

P

04/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date