

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008678

FILED
Mar 14, 2007
Secretary of State

Entity Name: JOHN & BOWDEN MADDEN MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

1104 EGLIN PARKWAY
SHALIMAR, FL 32579

New Principal Place of Business:

1283 EGLIN PARKWAY, SUITE A
SHALIMAR, FL 32579

Current Mailing Address:

1104 EGLIN PARKWAY
SHALIMAR, FL 32579

New Mailing Address:

1283 EGLIN PARKWAY, SUITE A
SHALIMAR, FL 32579

FEI Number: 20-1592156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEET, H. BART
1104 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

FLEET, H. BART
1283 EGLIN PARKWAY, SUITE A
SHALIMAR, FL 32579 US

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:

03/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADDEN, GINGER
Address: 117 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: BARKER, GENE
Address: 45 BEAL PARKWAY N.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: FLEET, H. BART
Address: 1104 EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLEET, H. BART
Address: 1283 EGLIN PARKWAY, SUITE A
City-St-Zip: SHALIMAR, FL 32579

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: H. BART FLEET

D

03/14/2007

Electronic Signature of Signing Officer or Director

Date