

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010087

FILED
Mar 29, 2009
Secretary of State

Entity Name: THE ASHLEY WILLWERTH MEMORIAL SCHOLARSHIP FOUNDATION INC.

Current Principal Place of Business:

5750 CAPO ISLAND ROAD
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1688
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-1797704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLWERTH, CC JR
5750 CAPO ISLAND ROAD
ST AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

WILLWERTH, CLARENCE C JR
5750 CAPO ISLAND ROAD
ST AUGUSTINE, FL 32095 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: CLARENCE C WILLWERTH

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLWERTH, CLARENCE C JR
Address: 5750 CAPO ISLAND ROAD
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D () Delete
Name: WILLWERTH, LAURIE A
Address: 5750 CAPO ISLAND ROAD
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLARENCE C. WILLWERTH

P

03/29/2009

Electronic Signature of Signing Officer or Director

Date