

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000328

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** KENDRA PICKENS MEMORIAL SCHOLARSHIP, INC.

**Current Principal Place of Business:**

8157 RIVER POINT DR  
WEEKI WACHEE, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

8157 RIVER POINT DR  
WEEKI WACHEE, FL 34607

**New Mailing Address:**

1810 THISTLE CT  
WESLEY CHAPEL, FL 34607

**FEI Number:** 20-2188200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PICKENS, SUSAN D  
8157 RIVER POINT DR  
WEEKI WACHEE, FL 34607 US

**Name and Address of New Registered Agent:**

PICKENS, SUSAN D  
8157 RIVER POINT DR  
WEEKI WACHEE, FL 33525 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: SUSAN D. PICKENS

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PICKENS, SUSAN D  
Address: 8157 RIVER POINT DR  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: SD ( ) Delete  
Name: PICKENS, KENTON  
Address: 8157 RIVER POINT DR  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: D ( ) Delete  
Name: LANEY, KEELYN  
Address: 716 S. W. AVENUE UNIT #4  
City-St-Zip: FT LAUDERDALE, FL 33312

**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:

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: KENTON PICKENS

MR.

05/05/2009

Electronic Signature of Signing Officer or Director

Date