

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004638

FILED
Jan 18, 2008
Secretary of State

Entity Name: RONALD J. WALKER JR. MEMORIAL SCHOLARSHIP FUND INC.

Current Principal Place of Business:

3010 CUMMINGS AVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

3010 CUMMINGS AVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 20-2794803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, MATTHEW B
3010 CUMMINGS AVE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

WALKER, MATTHEW B DR.
3010 CUMMINGS AVE
TALLAHASSEE, FL 32311 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: DR. MATTHEW B. WALKER

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, MATTHEW B
Address: 3010 CUMMINGS AVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: WALKER, DANIELLE M
Address: 3010 CUMMINGS AVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: WALKER, KATHLEEN C
Address: P.O. BOX 2061
City-St-Zip: VINCENTOWN, NJ 08088

Title: D () Delete
Name: WALKER, RONALD J SR.
Address: P.O. BOX 2061
City-St-Zip: VINCENTOWN, NJ 08088

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: MATTHEW B. WALKER

DR.

01/18/2008

Electronic Signature of Signing Officer or Director

Date