


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000005484

1. Entity Name
CHR SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business Mailing Address

10090 BENNINGTON CHASE DR. 10090 BENNINGTON CHASE DR.
 ORLANDO, FL 32829 ORLANDO, FL 32829

DO NOT WRITE IN THIS SPACE



03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
01-0836747 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTEN, LISA R ESQ
1011 PARK LAKE ST
ORLANDO, FL 32803

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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000462912
 03/21/06-80054-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOODMAN, ALBERT A III
STREET ADDRESS	10090 BENNINGTON CHASE DR
CITY - ST - ZIP	ORLANDO, FL 32829
TITLE	D
NAME	FORD, CLEO
STREET ADDRESS	4475 CASSIUS STREET
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	D
NAME	OLIVIERI, LAURA
STREET ADDRESS	1011 PARK LAKE STREET
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Albert A. Goodman III** **3/6/06 (407) 381-7065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #