


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 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



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0836747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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8. 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 _____

Filing Fee is \$61.25
Due by May 1, 2007

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

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

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 04/12/07-80005-018 61.25

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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: _____ 3/31/07 (407) 381-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #