

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006056

1. Entity Name
**BARBARA ANN SAFRON BAND SCHOLARSHIP FUND,
INC.**



Principal Place of Business
**2323 SANDY PINE DRIVE
PUNTA GORDA, FL 33982**

Mailing Address
**2323 SANDY PINE DRIVE
PUNTA GORDA, FL 33982**



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3015444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAFRON, BARBARA ANN
2323 SANDY PINE DRIVE
PUNTA GORDA, FL 33982**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | PD SAFRON, BARBARA ANN 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD MANLEY, GAIL 22130 MALONE AVENUE PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SAFRON, ELWOOD P 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/09/08-80029-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Gail Manley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gail Manley, Vice President

1/5/08

Date

941-743-1404

Daytime Phone #