

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006056

FILED  
Jan 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2323 SANDY PINE DRIVE  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

2323 SANDY PINE DRIVE  
PUNTA GORDA, FL 33982

**New Mailing Address:**

**FEI Number:** 20-3015444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAFRON, BARBARA ANN  
Address: 2323 SANDY PINE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VSTD ( ) Delete  
Name: MANLEY, GAIL  
Address: 22130 MALONE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete  
Name: SAFRON, ELWOOD P  
Address: 2323 SANDY PINE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

**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: GAIL MANLEY

VSTD

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date