

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009941

FILED
Apr 28, 2008
Secretary of State

Entity Name: KELLY LOVE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

1775 MARGARET'S WALK
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

1775 MARGARET'S WALK
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 41-6546697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVE, TERESA L
1775 MARGARET'S WALK
GREEN COVE SPRINGS, FL 32043 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: D () Delete
Name: LOVE, TERESA L
Address: 1775 MARGARET'S WALK
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: LOVE, CRAIG R
Address: 1775 MARGARET'S WALK
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: MCDOWELL, PAUL G
Address: 372 MARIE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32043

Title: D () Delete
Name: HENDRICK, CAROL A
Address: 9840 FAIRWAY CIRCLE
City-St-Zip: LEESBURG, FL 34788

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: CRAIG LOVE

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date