2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011960

Entity Name: THE SCHOLARSHIP FUND FOUNDATION, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	GHT ST. SE , FL 32909	US		
Current Mailing Address:			New Mailing Address:	
	GHT ST. SE , FL 32909	US		
FEI Number:	20-3861907	FEI Number Applied For () FEI Nur	nber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
HOWARD, LARNESE Y 284 ALBRIGHT ST. SE PALM BAY, FL 32909 US				
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:				
	Electror	ic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ATCHISON, SE 284 ALBRIGHT PALM BAY, FL	ST. SE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition ATCHISON, SELENA A DR 284 ALBRIGHT ST. SE PALM BAY, FL 32909 US
Title: Name: Address: City-St-Zip:	NEWMAN, ETH	T HIDDEN HARBOR	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition NEWMAN, ETHEL S DR 2818 TRAILS AT HIDDEN HARBOR MERRITT ISLAND, FL 32952 US
Title: Name: Address: City-St-Zip:	TD () HOWARD, LAR 284 ALBRIGHT PALM BAY, FL	ST. SE	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition HOWARD, LARNESE Y 284 ALBRIGHT ST. SE PALM BAY, FL 32909 US
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition KEELS, SHARISE A 2193 DRYDEN CT MELBOURNE, FL 32935 US
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FS () Change (X) Addition FEWELL, REVONDA R 6930 HUNDRED ACRE DR COCOA, FL 32927 US
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VPFR () Change (X) Addition TITUS, DAWN 281 LANSING ISLAND DR SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LARNESE Y. HOWARD TD 04/30/2006