

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011960

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THE SCHOLARSHIP FUND FOUNDATION, INC.

**Current Principal Place of Business:**

284 ALBRIGHT ST. SE  
PALM BAY, FL 32909 US

**New Principal Place of Business:**

**Current Mailing Address:**

284 ALBRIGHT ST. SE  
PALM BAY, FL 32909 US

**New Mailing Address:**

**FEI Number:** 20-3861907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, LARNESE Y  
284 ALBRIGHT ST. SE  
PALM BAY, FL 32909 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: ATCHISON, SELENA A DR  
Address: 284 ALBRIGHT ST. SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: VPD ( ) Delete  
Name: NEWMAN, ETHEL S DR  
Address: 2818 TRAILS AT HIDDEN HARBOR  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: TD ( ) Delete  
Name: HOWARD, LARNESE Y  
Address: 284 ALBRIGHT ST. SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: SEC ( ) Delete  
Name: KEELS, SHARISE A  
Address: 2193 DRYDEN CT  
City-St-Zip: MELBOURNE, FL 32935 US

Title: FS ( ) Delete  
Name: FEWELL, REVONDA R  
Address: 6930 HUNDRED ACRE DR  
City-St-Zip: COCOA, FL 32927 US

Title: VPFR ( ) Delete  
Name: TITUS, DAWN  
Address: 281 LANSING ISLAND DR  
City-St-Zip: SATELLITE BEACH, FL 32937 US

**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:

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: DR. SELENA A. ATCHISON

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date