2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N05000011960

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:

HOWARD, LARNESE Y
438 HAMY ST. SW
PALM BAY, FL 32908 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: _____ 04/27/2009
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	(X) 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:	TD	(X) Change ( ) Addition
Name:	HOWARD, LARNESE Y	
Address:	438 HAMY ST. SW	
City-St-Zip:	PALM BAY, FL 32908 US	
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: LARNESE Y. HOWARD TD 04/27/2009
Electronic Signature of Signing Officer or Director — Date