

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004716

FILED
Aug 27, 2007
Secretary of State

Entity Name: BRIAN SAMSON KWHS BAND SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

5555 COLLEGE RD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5555 COLLEGE RD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 27-0141670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXANDER, JOANNE
5555 COLLEGE RD
KEY WEST, FL 33040 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: SAMSON, MAUREEN
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: SAMSON, SHANNON
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: DT () Delete
Name: ALEXANDER, JOANNE
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: DS () Delete
Name: HERZOG, BARBARA
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

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: JOANNE ALEXANDER

DT

08/27/2007

Electronic Signature of Signing Officer or Director

Date