2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N06000006571

Entity Name: THE DR. ROSEMARY DANIELS DOLLARS FOR SCHOLARS PROGRAM, INC.

Current Principal Place of Business:

4176 BURNS ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4176 BURNS ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-5070365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIROU, DENISE DR
4176 BURNS ROAD
PALM BEACH GARDENS, FL 33410 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:	MRS	( ) Delete
Name:	VENTO, MARGARET	
Address:	195 VIA DEL MAR	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	MRS	( ) Delete
Name:	MATTHEWS, MIA	
Address:	101 CASA BENDITA	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	MR	( ) Delete
Name:	REINHART, BRUCE	
Address:	188 THORNTON DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	DR	( ) Delete
Name:	SPIROU, DENISE M	
Address:	168 LOST BRIDGE DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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: DENISE SPIROU DR. 01/08/2009

Electronic Signature of Signing Officer or Director — Date