

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008548

FILED
Apr 14, 2008
Secretary of State

Entity Name: IAN MORRILL MEMORIAL GOLF SCHOLARSHIP, INC.

Current Principal Place of Business:

419 S. WOODLAWN AVENUE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

419 S. WOODLAWN AVENUE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 20-5478393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LORA L ESQ.
LORA L. WILSON, LLC
408 LAKE STREET
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

WILSON, LORA L ESQ.
LORA L. WILSON, LLC
408 LAKE STREET
INVERNESS, FL 34450 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: LORA L. WILSON

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOUTMORRILL, BETSY
Address: 419 S. WOODLAWN AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: MORRILL, DON
Address: 419 S. WOODLAWN AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: WHICKER, JOHN W
Address: 2574 S. CATARACT ROAD
City-St-Zip: SPENCER, IN 47460

Title: D () Delete
Name: WHICKER, ANNIE R
Address: 2574 S. CATARACT ROAD
City-St-Zip: SPENCER, IN 47460

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: STOUTMORRILL, BETSY
Address: 419 S. WOODLAWN AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: DIR (X) Change () Addition
Name: MORRILL, DON
Address: 419 S. WOODLAWN AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: DIR (X) Change () Addition
Name: WHICKER, JOHN W
Address: 2574 S. CATARACT ROAD
City-St-Zip: SPENCER, IN 47460

Title: DIR (X) Change () Addition
Name: WHICKER, ANNIE R
Address: 2574 S. CATARACT ROAD
City-St-Zip: SPENCER, IN 47460

Title: DIR () Change (X) Addition
Name: YOUNGBLOOD, DENNIS L
Address: 805 N. POMPEO AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34429

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: BETSY K. STOUTMORRILL

DIR

04/14/2008

Electronic Signature of Signing Officer or Director

Date