

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 027 ****70.00

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|---|---------------------------------|--|--|---|--|
| DOCUMENT # N0600042017 | | | | | |
| 1. Entity Name FOUR WINDS SCHOLARSHIP CORP. | | | | | |
| Principal Place of Business 5285 NW PARKWOOD ROAD ALTHA, FL 32421 | | | Mailing Address 5285 NW PARKWOOD ROAD ALTHA, FL 32421 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 05012007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 205100785 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROSS, CARRIE 5285 NW PARKWOOD ROAD ALTHA, FL 32421 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P NAME ROSS, CARRIE STREET ADDRESS 5285 NW PARKWOOD ROAD CITY-ST-ZIP ALTHA, FL 32421 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME ARGETSINGER, RON STREET ADDRESS 22429 NW LAKE MCKINZIE ROAD CITY-ST-ZIP ALTHA, FL 32421 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST NAME EVANS, RON STREET ADDRESS 12111 NW GLORY HILL ROAD CITY-ST-ZIP ALTHA, FL 32421 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HOBBS, SUZAN STREET ADDRESS 5306 SKYLINE DRIVE CITY-ST-ZIP ALTHA, FL 32421 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HOBBS, JAMES STREET ADDRESS 5306 SKYLINE DRIVE CITY-ST-ZIP ALTHA, FL 32421 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BASKIN, WOODY STREET ADDRESS 15948 BROAD STREET CITY-ST-ZIP ALTHA, FL 32421 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Carrie Lin Ross</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| Carrie Lin Ross | | | 5-9-07 557-0721 | | |
| Date | | | Daytime Phone # | | |