

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000012017 1. Entity Name FOUR WINDS SCHOLARSHIP CORP.		 FILED 08 MAY 29 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA 05142008 Chg-NP CR2E037 (12/06)	
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 # 4749 Hwy 274 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 401 Suite, Apt. #, etc.	
City & State Altha Florida Zip 32421		City & State Altha FL Zip 32421	
Country U.S.A.		Country USA	
4. FEI Number 20-5100785		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSS, CARRIE 5285 NW PARKWOOD ROAD ALTHA, FL 32421		7. Name and Address of New Registered Agent Name Charles Penney Street Address (P.O. Box Number is Not Acceptable) 4749 Hwy 274 City Altha FL Zip Code 32421	
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 Charles Penney DATE 5/14/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P ROSS, CARRIE 5285 NW PARKWOOD ROAD ALTHA, FL 32421	☒ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V ARGETSINGER, RON 22429 NW LAKE MCKINZIE ROAD ALTHA, FL 32421	☒ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ST EVANS, RON 12111 NW GLORY HILL ROAD ALTHA, FL 32421	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D HOBBS, SUZAN 5306 SKYLINE DRIVE ALTHA, FL 32421	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D HOBBS, JAMES 5306 SKYLINE DRIVE ALTHA, FL 32421	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D BASKIN, WOODY 15948 BROAD STREET ALTHA, FL 32421	☒ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	President Carrie Ross 4749 Hwy 274 Altha FL 32421	☒ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP Woody Baskin 15948 Broad St A Altha FL 32421	☐ Change ☒ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	700130675857 06/03/08--01015--008 **61.25	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Director David Mashburn 22429 N.W. Lake McKinzie Rd Altha FL 32421	☐ Change ☒ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: Carrie L. Ross SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/14/08 850/557/1850 Date Daytime Phone #	