

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012017

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FOUR WINDS SCHOLARSHIP CORP.

## Current Principal Place of Business:

4749 HWY. 274  
ALTHA, FL 32421

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 401  
ALTHA, FL 32421

## New Mailing Address:

FEI Number: 20-5100785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PENNEY, CHARLES  
4749 HWY. 274  
ALTHA, FL 32421 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: P ( ) Delete  
Name: ROSS, CARRIE  
Address: 4749 HWY. 274  
City-St-Zip: ALTHA, FL 32421

Title: VP ( ) Delete  
Name: BASKIN, WOODY  
Address: 15948 BROAD ST. A  
City-St-Zip: ALTHA, FL 32421

Title: ST (X) Delete  
Name: EVANS, RON  
Address: 12111 NW GLORY HILL ROAD  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: HOBBS, SUZAN  
Address: 5306 SKYLINE DRIVE  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: HOBBS, JAMES  
Address: 5306 SKYLINE DRIVE  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: MASHBURN, DAVID  
Address: 22429 NW LAKE MCKINZIE RD.  
City-St-Zip: ALTHA, FL 32421

## 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: D/S (X) Change ( ) Addition  
Name: HOBBS, SUZAN  
Address: 5306 SKYLINE DRIVE  
City-St-Zip: ALTHA, FL 32421

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: CARRIE L ROSS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date