

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# N06000012370

Entity Name: ROB MCKILLOP SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 20-8009271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, DOUGLAS
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 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: SD () Delete
Name: CHAFATELLI, JOSEPH
Address: 7330 SHEPHERD ST.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: MCGONAGILL, GEORGE
Address: 4401 D ASHTON RD.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: MCKILLOP, DANIEL
Address: 3855 NW 15 AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: MOYER, RICHARD
Address: 5210 PALOS VERDES DR.
City-St-Zip: SARASOTA, FL 34231

Title: VTD () Delete
Name: WILSON, DOUGLAS
Address: 9031 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

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:

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: DOUGLAS E WILSON

Electronic Signature of Signing Officer or Director

VTD

05/28/2008

Date