

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06586 1. Entity Name BRYANT L. COKER SCHOLARSHIP LOAN FUND, INC.	
--	---

Principal Place of Business 406 N 6TH AVENUE P.O. BOX 966 WAUCHULA, FL 33873	Mailing Address 406 N 6TH AVENUE P O BOX 966 WAUCHULA, FL 33873
--	---



05012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2479238	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHACKELFORD, MARCUS
840 WINGATE RD
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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 Signature, typed or printed name of registered agent, and title if applicable	(NOTE: Registered Agent Signature required when reinstating)	DATE
---	--	------

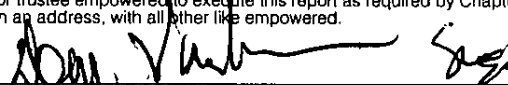
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000947257 06/02/08-80007-003 61.25
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VANSICKLE, DANA 120 LAKE BRANCH RD BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, DEBBIE 1440 CITRUS STREET WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANLEY, MICHAEL PO BOX 714 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, ROBIN 868 MANLEY ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, RONALD 516 S. 11TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **5/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #