

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06586

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRYANT L. COKER SCHOLARSHIP LOAN FUND, INC.

Current Principal Place of Business:

406 N 6TH AVENUE
P.O.BOX 966
WAUCHULA, FL 33873

New Principal Place of Business:

406 N 6TH AVENUE
WAUCHULA, FL 33873

Current Mailing Address:

406 N 6TH AVENUE
P O BOX 966
WAUCHULA, FL 33873

New Mailing Address:

PO BOX 966
WAUCHULA, FL 33873

FEI Number: 59-2479238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACKELFORD, MARCUS
840 WINGATE RD
WAUCHULA, FL 33873 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: ST () Delete
Name: VANSICKLE, DANA
Address: 120 LAKE BRANCH RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: D () Delete
Name: WHEELER, DEBBIE
Address: 1440 CITRUS STREET
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: MANLEY, MICHAEL
Address: PO BOX 714
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: WEEKS, ROBIN
Address: 868 MANLEY ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: HERRON, RONALD
Address: 516 S. 11TH AVE
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: VAN SICKLE, DANNA L
Address: 120 LAKE BRANCH RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEEKS, ROBIN
Address: 868 MANLEY ROAD
City-St-Zip: WAUCHULA, FL 33873

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: DANNA L VAN SICKLE

ST

04/28/2009

Electronic Signature of Signing Officer or Director

Date