

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000765

FILED
Apr 06, 2009
Secretary of State

Entity Name: CHASE RESCORLA SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

C/O ALTON GREEN MEMORIAL POST 194
1029 WEST PEARL STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

C/O ALTON GREEN MEMORIAL POST 194
1029 WEST PEARL STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-5531504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOR, SEPTIMUS
C/O ALTON GREEN MEMORIAL POST 194
1029 WEST PEARL STREET
ST. AUGUSTINE, FL 32084 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: PD () Delete
Name: CONNOR, SEPTIMUS
Address: 205 SARANAC LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD () Delete
Name: PULLIUM, MICHAEL
Address: 561 SEGOVIA ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: TD () Delete
Name: WHITE, GREGORY
Address: 905 PEARL STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD () Delete
Name: SHOAR, DAVID
Address: 7 HAWAIIAN BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: ISAM, MICHAEL
Address: 620 QUEEN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

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: GREGORY WHITE

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date