2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N07000003013

Entity Name: JUNKANOO SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2306 WINDJAMMER LN..
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2306 WINDJAMMER LN..
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-8789567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEVIN, PAUL
637 SAND ISLES CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

HUCKE, RONALD D
2306 WINDJAMMER LN.
ST. AUGUSTINE, FL 32084 US

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: RONALD D. HUCKE 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUCKE, RONALD
Address: 2306 WINDJAMMER LN.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V ( ) Delete
Name: THOUSAND, ROBERT
Address: 2306 WINDJAMMER LN.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: LUDLOW, REBA J
Address: 2306 WINDJAMMER LN.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T ( ) Delete
Name: BRUNSON, RANDY
Address: 2306 WINDJAMMER LN.
City-St-Zip: ST. AUGUSTINE, FL 32084

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:

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: RONALD D. HUCKE PD 04/13/2009
Electronic Signature of Signing Officer or Director Date