

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004112

FILED
Mar 04, 2009
Secretary of State

Entity Name: MEMORIAL SCHOLARSHIPS, INC.

Current Principal Place of Business:

126 CENTER STREET
SUITE 2B
JUPITER, FL 3358

New Principal Place of Business:

Current Mailing Address:

127 FAITH WAY
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-8935196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SARDINHA, SUZANNE
127 FAITH WAY
JUPITER, FL 334583919 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: PRES () Delete
Name: SARDINHA, FERNANDO, JR. MR.
Address: 127 FAITH WAY
City-St-Zip: JUPITER, FL 33458 US

Title: TRES () Delete
Name: VEIL, TINA MRS.
Address: 107 WOODSMUIR CT.
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP-A () Delete
Name: HOPKINS, GABRIELLA MRS.
Address: 19438 COUNTRY CLUB DR.
City-St-Zip: TEQUESTA, FL 33469 US

Title: SEC () Delete
Name: GALA, BRITTANY MS.
Address: 119 E. HAMPTON WAY
City-St-Zip: JUPITER, FL 33458 US

Title: DIR () Delete
Name: MADEY, JANET MRS.
Address: 6755 CYPRESS COVE DR.
City-St-Zip: JUPITER, FL 33458 US

Title: DIR () Delete
Name: SWEET, MARY JANE MRS.
Address: 6240 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL 33458 US

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: SEC (X) Change () Addition
Name: MOECHER, WENDY MRS.
Address: 6046 LAUDERDALE DRIVE
City-St-Zip: JUPITER, FL 33458 US

Title: VP (X) Change () Addition
Name: MADEY, JANET MRS.
Address: 6755 CYPRESS COVE DR.
City-St-Zip: JUPITER, FL 33458 US

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: SUZANNE SARDINHA

CFO

03/04/2009

Electronic Signature of Signing Officer or Director

Date