

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005001

FILED
Apr 19, 2009
Secretary of State

Entity Name: ROSENWALD HIGH SCHOOL CLASS OF 1960 SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

8149 BETTY LOUISE DR
PANAMA CITY, FL 324048566

New Principal Place of Business:

Current Mailing Address:

8149 BETTY LOUISE DR
PANAMA CITY, FL 324048566

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINCEY, ELLERENE J
8149 BETTY LOUISE DR
PANAMA CITY, FL 324048566 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: P () Delete
Name: WILLIAMS, JAMES E
Address: 146 BYRD DR
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Delete
Name: GRIFFIN, LAURA M
Address: 904 E 14TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: MINCEY, ELLERENE J
Address: 8149 BETTY LOUISE DR
City-St-Zip: PANAMA CITY, FL 324048566

Title: S () Delete
Name: WELLS, SHIRLEY O
Address: 1240 CALDWELL DR
City-St-Zip: PANAMA CITY, FL 32401

Title: AS () Delete
Name: BAKER, ANN ESTER
Address: 1018 E 14TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DEMPSEY, BARBARA
Address: 1620 LINCOLN AVE
City-St-Zip: PANAMA CITY, FL 32405

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: S (X) Change () Addition
Name: WELLS, SHIRLEY O
Address: 1240 CALDWELL DR
City-St-Zip: PANAMA CITY, FL 32401

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: ELLERENE J. MINCEY

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date