

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005364

FILED
Jul 25, 2008
Secretary of State

Entity Name: MICHAEL CALLIN MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

10516 BASTILLE LANE #104
ORLANDO, FL 32836

New Principal Place of Business:

4862 CAYVIEW DRIVE
202
ORLANDO, FL 32877

Current Mailing Address:

10516 BASTILLE LANE #104
ORLANDO, FL 32836

New Mailing Address:

POBOX 770533
ORLANDO, FL 32877

FEI Number: 26-0759923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CALLIN, DAVID M
10516 BASTILLE LANE #104
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

CALLIN, DAVID M
4862 CAYVIEW DRIVE
ORLANDO, FL 32877 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: _____

07/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: CALLIN, DAVID
Address: POBOX 770533
City-St-Zip: ORLANDO, FL 32877

Title: VPRE () Change (X) Addition
Name: NARDO, JOSEPH
Address: 1191 NEWTON CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SCTR () Change (X) Addition
Name: CALLIN, VICTORIA
Address: 8489 CHAMBERLAIN PL
City-St-Zip: OVIEDO, FL 32765

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: DAVID M CALLIN

PRES

07/25/2008

Electronic Signature of Signing Officer or Director

Date