2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005364

FILED Feb 02, 2009 Secretary of State

Entity Name: MICHAEL CALLIN MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
362 CAY\ 02	/IEW DRIVE				
_	, FL 32877				
urrent Mailing Address:		New Mailir	New Mailing Address:		
OBOX 77 RLANDC	0533 , FL 32877				
El Number:	26-0759923	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Sta	atus Desired (X)
ame and	Address of C	urrent Registered Agent:	Name and	Address of New Registered	l Agent:
	/IEW DRIVE	US			
	named entity s of Florida.	ubmits this statement for the p	purpose of changing it	s registered office or registere	ed agent, or both,
the State	of Florida.			s registered office or registere	ed agent, or both,
the State	of Florida.	ubmits this statement for the p		s registered office or registere	ed agent, or both,
the State	of Florida.	c Signature of Registered Ag	ent		
the State	of Florida. RE: Electroni AND DIRECT	c Signature of Registered Ag F ORS: Delete	ent	Date	AND DIRECTOR
the State GNATUF FFICERS le: me: dress:	Electroni AND DIRECT PRES () CALLIN, DAVID POBOX 770533 ORLANDO, FL	c Signature of Registered Agr FORS: Delete 32877 Delete H CT.	ent ADDITION Title: Name: Address:	Date S/CHANGES TO OFFICERS	AND DIRECTOR
the State GNATUF FFICERS e: me: dress: y-St-Zip: e: me: dress:	Electroni Electroni AND DIRECT PRES () CALLIN, DAVID POBOX 770533 ORLANDO, FL 3 VPRE () NARDO, JOSEP 1191 NEWTON WINTER SPRING	c Signature of Registered Agrons: Delete 32877 Delete H CT. GS, FL 32708 Delete RIA	ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date S/CHANGES TO OFFICERS () Change () Additi	AND DIRECTOR

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 CALLIN PRES 02/02/2009