2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008693

FILED Apr 10, 2008 Secretary of State

Entity Name: NEW MT. ZION DEANSY M. BOLDEN SCHOLARSHIP FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

1904 LAKE DEESON DRIVE LAKELAND, FL 33805

Current Mailing Address: New Mailing Address:

1904 LAKE DEESON DRIVE LAKELAND, FL 33805

FEI Number: 26-0410566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TERRY, MARILYN 1904 LAKE DEESON DRIVE LAKELAND, FL 33805 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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: TERRY, MARILYN Name: TERRY, MARILYN

Address: 1904 LAKE DEESON DRIVE Address: 1904 LAKE DEESON DRIVE
City-St-Zip: LAKELAND, FL 33805

oity-si-zip. Laneland, fl 33003

Title: VD () Delete Title: VD (X) Change () Addition Name: GUARY, DELI G Name: QUARY, DELL G

Address: 366 CORONA DEL MAR STREET Address: 366 CORONA DEL MAR STREET

City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33809

Title: SD () Delete Title: SD (X) Change () Addition Name: DAVIS, JUDITH Name: DAVIS, JUDITH

 Address:
 1515 CANDYCE STREET
 Address:
 1515 CANDYCE STREET

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:
 LAKELAND, FL
 33815

Title: TD () Delete Title: TD (X) Change () Addition

Name: SIMMONS, SAM Name: SIMMONS, SAM

Address: 1036 WEST SIXTH STREET Address: 1036 WEST SIXTH STREET City-St-Zip: LAKELAND, FL 33805

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: DELL G. QUARY VD 04/10/2008