2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N07000009718

Entity Name: PHYLLIS MCNEAL SIMMONS EDUCATIONAL SCHOLARSHIP FOUNDATION INC.

Current Principal Place of Business:

4313 KANDRA COURT
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4313 KANDRA COURT
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 35-2309660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, MELONEZE M MRS
4313 KANDRA COURT
ORLANDO, FL 32812 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: MOORE, MELONEZE M MRS
Address: 4313 KANDRA COURT
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete
Name: RUSS SIMMONS, CATINA MRS
Address: 65 MAKAYLA LANE
City-St-Zip: QUINCY, FL 32352

Title: TREA ( ) Delete
Name: MCNEAL, SHARON D
Address: 4535 RUSSELL POND LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: SECR ( ) Delete
Name: MCNEAL-BRANCH, JULIA
Address: 495 SPOONER ROAD
City-St-Zip: QUINCY, FL 32351

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: ( ) 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: MELONEZE M. MOORE PRES 04/29/2008

Electronic Signature of Signing Officer or Director Date