

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011652

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** THE HENDRY COUNTY SPECIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

382 OLD COUNTY ROAD 78  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 963  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 26-1323837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, DARRELL  
382 OLD COUNTY ROAD 78  
LABELLE, FL 33935 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: HARRIS, DARRELL  
Address: 382 OLD COUNTY ROAD 78  
City-St-Zip: LABELLE, FL 33935

Title: V ( ) Delete  
Name: CHAPMAN, TRISTAN  
Address: 90 LIVE OAK LANE  
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete  
Name: BEER, BRYAN  
Address: 1021 COUNTY ROAD 78  
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete  
Name: MADDOX, BILL  
Address: RTE. 3, BOX 708  
City-St-Zip: LABELLE, FL 33935

**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: DARRELL HARRIS

P

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date