

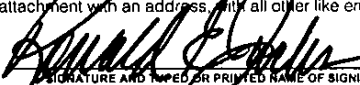


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07393</b>			
1. Entity Name ROTARY CLUB OF PENSACOLA STUDENT SCHOLARSHIP FUND, INC.			
Principal Place of Business P.O. BOX 528 PENSACOLA, FL 32523	Mailing Address P.O. BOX 528 PENSACOLA, FL 32593 US		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02092007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2484782	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SHERRILL, CHARLES C 433 EAST GOVERNMENT STREET PENSACOLA, FL 32501		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		000000637987 02/27/07-80011-006 61.25	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, LOU 3210 QUIETWATER LANE GULF BREEZE, FL 32563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, RONALD E 1300 BAVARIAN CT PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, BO RM 323 BRENT BLDG PENSACOLA, FL 32593		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDS, INNES 6625 CALLE DE LAUREL NAVARRE, FL 32566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2-13-2007 (800) 45-8300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	