2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

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Entity Name: MADGE LEWIS SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

4700 NW 4TH COURT
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4700 NW 4TH COURT
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 26-1887146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, CARLENE
4700 NW 4TH COURT
PLANTATION, FL 33317 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: MCTAGGART, MARGARET G
Address: 4700 NW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: T ( ) Delete
Name: FRAY, KARLENE DR.
Address: 4700 NW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: S ( ) Delete
Name: STERLING, LORAINE
Address: 4700 NW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: STEWART, CARLENE
Address: 4700 NW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: LEWIS, ROY C
Address: 4700 NW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: FACEY, OWEN DR
Address: 4700 NW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

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:

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: CARLENE STEWART D 03/08/2009

Electronic Signature of Signing Officer or Director — Date