

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003483

FILED
Apr 05, 2009
Secretary of State

Entity Name: DR. JOSEPH A. WILTSHIRE SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

338 PEARL ST.
LAKE WALES, FL 33853

New Principal Place of Business:

338 PEARL ST.
LAKE WALES, FL 338533115

Current Mailing Address:

P. O. BOX 3335
LAKE WALES, FL 338593335

New Mailing Address:

FEI Number: 75-3226439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILTSHIRE, JOYCE D
338 PEARL ST.
LAKE WALES, FL 33853 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: C () Delete
Name: NAVARRO, RENE
Address: P.O. BOX 3335
City-St-Zip: LAKE WALES, FL 33859

Title: P () Delete
Name: ROBERTS, RALPH
Address: P.O. BOX 3335
City-St-Zip: LAKE WALES, FL 33859

Title: S () Delete
Name: HOLLAND, JILL
Address: P.O. BOX 3335
City-St-Zip: LAKE WALES, FL 33859

Title: S () Delete
Name: WILTSHIRE, JOYCE
Address: P.O. BOX 3335
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: HADLEY, JACQUALINE
Address: P.O. BOX 3335
City-St-Zip: LAKE WALES, FL 33859

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:

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: JOYCE D. WILTSHIRE

S

04/05/2009

Electronic Signature of Signing Officer or Director

Date