

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010064

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE WILLIE AND NELLIE PARKER SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

1402 DILCY CIRCLE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

1402 DILCY CIRCLE
MILTON, FL 32570

New Mailing Address:

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

Name and Address of Current Registered Agent:

PARKER, AVA L
101 E. UNION ST., SUITE 200
JACKSONVILLE, FL 32202 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: CD () Delete
Name: OUBRE, LANA
Address: 7409 DILCY CIR.
City-St-Zip: MILTON, FL 32583

Title: SD () Delete
Name: SHELTON, STEPHANIE
Address: 7534 JOHNSON RD.
City-St-Zip: MILTON, FL 32583

Title: TD () Delete
Name: PARKER, SHIRLEY
Address: 7508 JOHNSON RD.
City-St-Zip: MILTON, FL 32583

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:

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: LANA OUBRE

CD

04/23/2009

Electronic Signature of Signing Officer or Director

Date