

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010277

FILED
Feb 04, 2009
Secretary of State

Entity Name: FAMILY COUNCIL SCHOLARSHIP FUND INCORPORATED

Current Principal Place of Business:

620 BELLEAIR ROAD
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

620 BELLEAIR ROAD
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 26-3814985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULCONER, DIANE
1200 GULF BLVD #1503
201
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

FAULCONER, DIANE
1200 GULF BLVD #1503
CLEARWATER, FL 33767 US

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: DIANE FAULCONER

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAULCONER, DIANE
Address: 1200 GULF BLVD
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: SVERCL, KATHY
Address: 2160 VICTORA DR.
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: WITT, CLARA
Address: 319 CEDAR LANE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change () Addition
Name: FAULCONER, DIANE
Address: 1200 GULF BLVD
City-St-Zip: CLEARWATER, FL 33767

Title: DIR. (X) Change () Addition
Name: SVERCL, KATHY
Address: 2160 VICTORA DR.
City-St-Zip: CLEARWATER, FL 33763

Title: DIR. (X) Change () Addition
Name: WITT, CLARA
Address: 319 CEDAR LANE
City-St-Zip: LARGO, FL 33770

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: DIANE FAULCONER

DIR.

02/04/2009

Electronic Signature of Signing Officer or Director

Date