

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011416

FILED
Jul 13, 2009
Secretary of State

Entity Name: FREDDIE SHAMP MEMORIAL FUND, INC.

Current Principal Place of Business:

6700 S. FLORIDA AVENUE
SUITE 25
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1993
EAGLE LAKE, FL 33839 US

New Mailing Address:

FEI Number: 26-4193590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAMP, JONATHAN W
6700 S. FLORIDA AVENUE
SUITE 25
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

SHAMP, JONATHAN
6700 S. FLORIDA AVENUE
SUITE 25
LAKELAND, FL 33813 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: JOHN SHAMP

07/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAMP, JONATHAN W
Address: P.O. BOX 1993
City-St-Zip: LAKELAND, FL 33839 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SHAMP, JONATHAN
Address: P.O. BOX 1993
City-St-Zip: EAGLE LAKE, FL 33839 US

Title: VP () Change (X) Addition
Name: SHAMP, LESLEA
Address: 784 48TH ST. SOUTH
City-St-Zip: BIRMINGHAM, AL 35222

Title: PRES () Change (X) Addition
Name: SHAMP, DONALD
Address: 282 JENNINGS DR
City-St-Zip: FRANKLIN, NC 28734

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: JOHN SHAMP

VP

07/13/2009

Electronic Signature of Signing Officer or Director

Date