

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008168

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** DANNY WOOSLEY MEMORIAL SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

6340 CHANNING AVENUE  
FT. MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

6340 CHANNING AVENUE  
FT. MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 45-3139581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BASS, RICHARD A  
4002 OAK HAVEN DRIVE  
LABELLE, FL 33935 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  
Name: SANDERS, BRIAN J  
Address: 1371 MAIN STREET  
City-St-Zip: PALMDALE, FL 33934 US

Title: VP  
Name: BASS, RICHARD A  
Address: 4002 OAK HAVEN DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: T  
Name: WOOSLEY, MARA G  
Address: 6340 CHANNING AVENUE  
City-St-Zip: FT. MYERS, FL 33905 US

Title: S  
Name: HALL, KEITH  
Address: 505 WEST HICKPOOCHEE AVENUE, SUITE 200  
City-St-Zip: LABELLE, FL 33935 US

I hereby 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 all other like empowered.

SIGNATURE: MARA G. WOOSLEY

T

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date