


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N27855</b> 1. Entity Name DARCY AKERS ORMOND BEACH ROTARY SCHOLARSHIP FUND, INC.	
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Principal Place of Business 120 E. GRANADA BLVD. C/O WILLIAM AKERS, III ORMOND BEACH, FL 32176	Mailing Address 120 E. GRANADA BLVD. C/O WILLIAM AKERS, III ORMOND BEACH, FL 32176
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2957668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  AKERS, WILLIAM III 120 E. GRANADA BLVD. ORMOND BEACH, FL 32176
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000624102 02/14/07-80018-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLEDGE, THOMAS H. 417 N. BEACH ST. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILKEY, KENNETH G 120 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYO, HOWARD A. JR. 110 COUNTRY CLUB DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AKERS, WILLIAM III 120 E. GRANADA BLVD. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANVILLE, GERALD C 575 NORTH NOVA RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>1/10/07</b> Daytime Phone #: <b>386 672-0420</b>
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