

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N27855

1. Entity Name

DARCY AKERS ORMOND BEACH ROTARY
SCHOLARSHIP FUND, INC.



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



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2957668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000834429

02/28/08-80053-001 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARTLEDGE, THOMAS H.
STREET ADDRESS 417 N. BEACH ST.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME GILKEY, KENNETH G
STREET ADDRESS 120 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D
NAME MAYO, HOWARD A. JR.
STREET ADDRESS 110 COUNTRY CLUB DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME AKERS, WILLIAM III
STREET ADDRESS 120 E. GRANADA BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D
NAME GRANVILLE, GERALD C
STREET ADDRESS 575 NORTH NOVA RD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM AKERS III

Date

Daytime Phone #

1/9/08

386 672 0420