

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33947

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CAMPBELL E. NALL SCHOLARSHIP FUND INC.

**Current Principal Place of Business:**

1017 PONCE DE LEON AVENUE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

1017 PONCE DE LEON AVENUE  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 65-0258071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MELANIE A. MCGAHEE, ESQ.  
417 WEST SUGARLAND HWY.  
CLEWISTON, FL 33440 US

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

MCGAHEE, MELANIE A  
417 WEST SUGARLAND HWY.  
CLEWISTON, FL 33440 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: MELANIE A. MCGAHEE

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EDWARDS, EARLE E III  
Address: 325 E DEL MONTE AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: VD  
Name: WHITEHEAD, JOSEPH C  
Address: P.O. BOX 1077  
City-St-Zip: CLEWISTON, FL 33440

Title: SD  
Name: LARSEN, KARL  
Address: P.O. BOX 1266  
City-St-Zip: CLEWISTON, FL 33440

Title: TD  
Name: CHAMNESS, MALI  
Address: 1017 PONCE DE LEON AVENUE  
City-St-Zip: CLEWISTON, FL 33440

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: EARLE E. EDWARDS III

PD

04/28/2010

Electronic Signature of Signing Officer or Director

Date