2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N33947

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:

1015 PONCE DE LEON AVE.
CLEWISTON, FL 33440

Current Mailing Address:

1017 PONCE DE LEON AVENUE
CLEWISTON, FL 33440

New Mailing Address:

1015 PONCE DE LEON AVE.
CLEWISTON, FL 33440

FEI Number: 65-0258071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGAHEE, MELANIE A
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440 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: 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: GARDNER, MALI
Address: 1015 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 04/24/2012

Electronic Signature of Signing Officer or Director — Date