

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N39514** (7)
1. Corporation Name
IRARC MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

**453 WATTS WAY
COCOA BEACH FL 32931****453 WATTS WAY
COCOA BEACH FL 32931-2817**3. Date Incorporated or Qualified
08/08/19903a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3025210Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALDINI, ERNEST A.
453 WATTS WAY
COCOA BEACH FL 32931**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WELLER, RICHARD I.**
STREET ADDRESS **750 N. ATLANTIC AVE.**
CITY - ST - ZIP **COCOA BEACH FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **SEAWARD, GORDON W.**
STREET ADDRESS **29 DANUBE RIVER DR.**
CITY - ST - ZIP **COCOA BEACH FL**2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **KEITH NADEL**
2.3 STREET ADDRESS **PO BOX 41005**
2.4 CITY - ST - ZIP **MELBOURNE, FL 32941**TITLE **D** ☐ DELETE
NAME **PEDIGO, DAVID**
STREET ADDRESS **1878 LONGLEAF RD**
CITY - ST - ZIP **COCOA FL**3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **GENIE LAZOWSKA**
3.3 STREET ADDRESS **172 JAMAICA DR.**
3.4 CITY - ST - ZIP **COCOA BEACH, FL 32931**TITLE **STD** ☐ DELETE
NAME **BALDINI, ERNEST A.**
STREET ADDRESS **453 WATTS WAY**
CITY - ST - ZIP **COCOA BEACH FL**4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **ERNEST A. BALDINI**
4.3 STREET ADDRESS **453 WATTS WAY**
4.4 CITY - ST - ZIP **COCOA BEACH, FL 32931**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019374

CR2E037 (9/96)

Baldini, Ernest A. BALDINI 4-16-97 407-783-7202