

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39514

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: IRARC MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

245 COUNTRY CLUB DR
MELBOURNE, FL 32940 US

New Principal Place of Business:

625 TIMUQUANA DRIVE
MERRITT ISLAND, FL 329536043 US

Current Mailing Address:

245 COUNTRY CLUB DR
MELBOURNE, FL 32940 US

New Mailing Address:

POB 579
COCOA, FL 329220579 US

FEI Number: 59-3025210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDINI, ERNEST A.
245 COUNTRY CLUB DR
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

MCMILLAN, RICHARD J
625 TIMUQUANA DRIVE
MERRITT ISLAND, FL 329536043 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: RICHARD J. MCMILLAN

04/29/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELLER, RICHARD I.,
Address: 750 N. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL

Title: VPD () Delete
Name: NADEL, KEITH
Address: 710 MEDINAH RD
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: LINK, GEORGE
Address: 392 BARRELLO LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: MCMILLAN, RICHARD
Address: 625 TIMUQUANA DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: BELL, LONA
Address: 42 YAWL DR
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: RUBINO, HETTIE
Address: 606 COCOA ISLES BLVD
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLNER, JOSEPH D
Address: 142 SOUTH TWIN LAKES
City-St-Zip: COCOA, FL 32926

Title: VPD (X) Change () Addition
Name: HARRISON, JAMES E
Address: 184 COVE LOOP DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD J. MCMILLAN

TD

04/29/2002

Electronic Signature of Signing Officer or Director

Date