## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N39514

FILED Mar 04, 2003 Secretary of State

Entity Name: IRARC MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Current Mailing Address:  Current Mailing Address:  POB 579 COCCOA, 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:  MCMILLAN, RICHARD J 8255 TIMUQUANA DRIVE  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  Electronic Signature of Registered Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: PD ( ) Delete Name: COCLINER, 1005EPH D Name: Address: 125 CUTH VININ LAKES COCCOA, FL 32926  CITY-SR-Zip: CITY-	Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
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:  MCMILLAN, RICHARD J 825 TIMUCULANA 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 the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:    ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE						
FEI Number: 59-3025210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent:  MCMILLAN, RICHARD J 825 TIMUOJANA 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 the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Current Mailing Address:			New Mailing Addre	New Mailing Address:	
Name and Address of Current Registered Agent:  MCMILLAN, RICHARD J 525 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:    Electronic Signature of Registered Agent		FL 329220579	US			
MCMILLAN, RICHARD J 325 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:    Electronic Signature of Registered Agent	FEI Number	: 59-3025210	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
### REPRIT   SLAND, FL 329536043 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the State of Florida.    Florida	Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
In the State of Florida.    SIGNATURE:	625 TIMU(	QÚANA DRIVE				
Electronic Signature of Registered Agent  Date  DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title:			submits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
OFFICERS AND DIRECTORS:         ADDITIONS/CHANGES TO OFFICERS AND DIRECT           Title:         PD () Delete         Title: () Change () Addition           Name:         COLLNER, JOSEPH D         Name: Address: () Change () Addition           Address:         142 SOUTH TWIN LAKES         Address: () City-St-Zip:           City-St-Zip:         COCOA, FL 32926         City-St-Zip:           City-St-Zip:         Title: () Change () Addition           Name:         HARRISON, JAMES E         Name: Address: () City-St-Zip:           City-St-Zip:         MERRITT ISLAND, FL 32953         City-St-Zip: () City-St-Zip:           Citle:         SD () Delete         Title: () Change () Addition           Name:         Address: () Address: () City-St-Zip: ()	SIGNATUI	RE:				
Title:		Electron	ic Signature of Registered Ager	nt	Date	
Name:   COLLNER, JÖSEPH D	OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: HARRISON, JAMES E	Name: Address:	COLLNER, JOS 142 SOUTH TW	SEPH D (IN LAKES	Name: Address:	( ) Change ( ) Addition	
Name: LINK, GEORGE Name: Address: 392 BARRELLO LANE Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip:  Title: TD () Delete Title: () Change () Addition Name: Address: 625 TIMUQUANA DR. Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: CocoA BEACH, FL 32931 City-St-Zip: City-St-Zip: CocoA BEACH, FL 32931 City-St-Zip: City-St-Zip: CocoA BEACH, FL 32931 City-St-Zip:	Name: Address:	HARRISON, JAI 184 COVE LOC	MES E IP DRIVE	Name: Address:	( ) Change ( ) Addition	
Name: MCMILLAN, RICHARD Name: Address: 625 TIMUQUANA DR. Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip:  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: BELL, LONA Name: Address: 42 YAWL DR Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip:  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: RUBINO, HETTIE Name: Address: 606 COCOA ISLES BLVD Address:	Vame: Address:	LINK, GEORGÉ 392 BARRELLO	LANE	Name: Address:	( ) Change ( ) Addition	
Name: BELL, LONA Name: Address: 42 YAWL DR Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: RUBINO, HETTIE Name: Address: 606 COCOA ISLES BLVD Address:	Vame: Address:	MCMILLAN, RÍÓ 625 TIMUQUAN	CHARD A DR.	Name: Address:	( ) Change ( ) Addition	
Name: RUBINO, HETTIE Name: Address: 606 COCOA ISLES BLVD Address:	Name: Address:	BELL, LONA 42 YAWL DR		Name: Address:	( ) Change ( ) Addition	
	Name: Address:	RUBINO, HETTI 606 COCOA ISI	E LES BLVD	Name: Address:	( ) Change ( ) Addition	

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 03/04/2003