

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42162

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** THE HARRY CHIPCHASE SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

209 JULIA STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

209 JULIA STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0357972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, ROBERT  
209 JULIA STREET  
KEY WEST, FL 33040 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: D ( ) Delete  
Name: BUTLER, ROBERT,  
Address: 209 JULIA STREET  
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete  
Name: JAMES, NORICE,  
Address: 414 VIRGINIA STREET  
City-St-Zip: KEY WEST, FL

Title: T ( ) Delete  
Name: BUTLER, ROBINETTE  
Address: 1010 EMMAST APT 5-C  
City-St-Zip: KEY WEST, FL

Title: T (X) Delete  
Name: LEGGETT, JOAN A  
Address: E 20 11TH AVE  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: STAFFORD, VERONICA  
Address: 720 THOMAS ST.  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

Title: T (X) Change ( ) Addition  
Name: STAFFORD, VERONICA  
Address: 1652 ELLSBERG CT #2  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT F. BUTLER

D

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date