2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# N42162

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	1019 FORT STREET APARTMENT 9A	
City-St-Zip:	KEY WEST, FL	
Title:	T	( ) Delete
Name:	STAFFORD, VERONICA	
Address:	1652 ELLSBERG CT #2	
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:	

I hereby certify that the information supplied with this filing does not qualify 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, BUTLER D 09/02/2008
Electronic Signature of Signing Officer or Director — Date