

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42162

**FILED**  
**Aug 22, 2011**  
**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:**

1019 FORT STREET  
APARTMENT 9-A  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 35-2418038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER,ROBINETTE  
1019 FORT STREET  
APARTMENT 9-A  
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  
Name: BUTLER, ROBINETTE  
Address: 1019 FORT STREET APARTMENT 9-A  
City-St-Zip: KEY WEST, FL 33040

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

Title: T  
Name: BUTLER, EUGENIA Y  
Address: 207 JULIA STREET  
City-St-Zip: KEY WEST, FL 33040

Title: T  
Name: SAWYER, NORMA  
Address: 325 JULIA STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: ROBINETTE BUTLER

D

08/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date