2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42262

FILED Apr 04, 2008 Secretary of State

Entity Name: PAUL A. NUZZO MEMORIAL SCHOLARSHIP FUND, INC.

Current P	rincipal Plac	e of Business:	New Principal Place of Business:
523 ERIE . TAMPA, F			
Current M	lailing Addre	ss:	New Mailing Address:
523 ERIE . TAMPA, F			
FEI Number	: 59-3058026	FEI Number Applied F	r() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of	Current Registered A	ent: Name and Address of New Registered Agent:
TAMPA, F	PARK AVEN L US named entity		for the purpose of changing its registered office or registered agent, or both
in the State	e of Florida.		
SIGNATIII	DE:		
SIGNATU		nic Signature of Regist	ered Agent Date
SIGNATUI OFFICER			ered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Address:	Electro	CTORS:) Delete SS S.,	· ·
	Electro S AND DIRECT PD (NUZZO, JAME 523 REIE AVE TAMPA, FL	Delete SS S.,) Delete NA L	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electro S AND DIRECT PD (NUZZO, JAME 523 REIE AVE TAMPA, FL D (NUZZO, REGI 523 ERIE AVE TAMPA, FL 33	Delete SS S., Delete NA L GRADE BOOK Delete A.,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electro S AND DIRECT PD (NUZZO, JAME 523 REIE AVE TAMPA, FL D (NUZZO, REGII 523 ERIE AVE TAMPA, FL 3: D (GIUNTA, SAM 3302 AZEELE TAMPA, FL	Delete SS S., Delete NA L 3606 Delete A., ST.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 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: JAMES S. NUZZO PRES 04/04/2008