

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45138

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** HENRY SCHARRER MEMORIAL FUND, INC.

**Current Principal Place of Business:**

319 BAY STREET  
OZONA, FL 34660

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 653  
OZONA, FL 34660

**New Mailing Address:**

**FEI Number:** 59-3080736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTNER, TERRY  
319 BAY STREET, BOX 653  
OZONA, FL 34660 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: VD  
Name: LATVALA, SUSAN  
Address: 109 PHILLIPS WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD  
Name: LAMM, SHARON  
Address: 4618 BRAYTON TERR. N.  
City-St-Zip: PALM HARBOR, FL 34685

Title: PD  
Name: FORTNER, TERRY  
Address: 319 BAY STREET  
City-St-Zip: OZONA, FL 34660

Title: TD  
Name: VICTORY, KELLY  
Address: 324 EAST LEMON STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD  
Name: FORTNER, JENNY  
Address: 319 BAY STREET  
City-St-Zip: OZONA, FL 34660

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: TERRY CATHERINE FORTNER

PD

01/10/2012

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

\_\_\_\_\_  
Date