2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2005
Secretary of State

DOCUMENT# N45321

Entity Name: CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

4949 BILLINGS AVENUE
P.O. BOX 501
DELEON SPRINGS, FL 320594426

New Principal Place of Business:

Current Mailing Address:

4949 BILLINGS AVENUE
P.O. BOX 501
DELEON SPRINGS, FL 320594426

New Mailing Address:

FEI Number: 59-3093714 **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:

SCHULER, RICHARD W.
808 PARK AVENUE
DELEON SPRINGS, FL 32130 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: PD ( ) Delete
Name: SHEPARD, LEONARD,
Address: 3355 OAKLEA DRIVE
City-St-Zip: DELAND, FL

Title: SD ( ) Delete
Name: BENSON, GURDEN
Address: 200 WEST STATE ROAD 40
City-St-Zip: BARBERVILLE, FL

Title: TD ( ) Delete
Name: SCHULER, RICHARD W.
Address: 808 PARK AVE.
City-St-Zip: DELEON SPRINGS, FL

Title: D ( ) Delete
Name: BREEZE, MARILYN
Address: 5035 DELEON OAKS COURT
City-St-Zip: DELEON SPRINGS, FL

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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD W. SCHULER TD 07/30/2005

Electronic Signature of Signing Officer or Director — Date