

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45321

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

4949 BILLINGS AVENUE
DELEON SPRINGS, FL 32130 US

New Principal Place of Business:

Current Mailing Address:

4949 BILLINGS AVENUE
P. O. BOX 501
DELEON SPRINGS, FL 32130 US

New Mailing Address:

FEI Number: 59-3093714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

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 32127 US

Title: SD () Delete
Name: BENSON, GURDEN
Address: 200 WEST STATE ROAD 40
City-St-Zip: BARBERVILLE, FL 32105 US

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 32130 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCWILLIAMS, DORIS,
Address: 449 E BERLIN ST.
City-St-Zip: DELEON SPRINGS, FL 32130 US

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: RICHARD W. SCHULER

MR.

04/29/2008

Electronic Signature of Signing Officer or Director

Date