## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N45321

FILED Apr 21, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4949 BILLINGS AVENUE

DELEON SPRINGS, FL 32130 US

Current Mailing Address: New Mailing Address:

4949 BILLINGS AVENUE P. O. BOX 501

DELEON SPRINGS, FL 32130 US

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

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

SCHULER, RICHARD W. SCHULER, RICHARD W MR. 808 PARK AVENUE 808 PARK AVENUE

DELEON SPRINGS, FL 32130 US DELEON SPRINGS, FL 32130 US

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: RICHARD W. SCHULER 04/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: SD (X) Change () Addition Name: MCWILLIAMS, DORIS MRS

Name: MCWILLIAMS, DORIS MRS

Name: MCWILLIAMS, DORIS Name: MCWILLIAMS, DORIS MRS
Address: 449 E BERLIN ST. Address: 449 E BERLIN ST.

City-St-Zip: DELEON SPRINGS, FL 32130 US City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: SD () Delete Title: (X) Change ( ) Addition BENSON, GURDEN Name: REDDISH, BARBARA W MRS Name: Address: 200 WEST STATE ROAD 40 Address: 950 ROLLING ACRES DR. City-St-Zip: BARBERVILLE, FL 32105 US City-St-Zip: DELAND, FL 32720 US

Title: TD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SCHULER, RICHARD W. Name: SCHULER, RICHARD W.

Address: 808 PARK AVE. Address: 808 PARK AVE.

City-St-Zip: DELEON SPRINGS, FL 32130 US

Name:BREEZE, MARILYNName:BREEZE, MARILYNAddress:5035 DELEON OAKS COURTAddress:5035 DELEON OAKS COURTCity-St-Zip:DELEON SPRINGS, FL 32130 USCity-St-Zip:DELEON SPRINGS, FL 32130 US

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 VD 04/21/2009