

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46264

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 14629
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3100612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, SKROB
335 BEARD STREET
TALLAHASSEE, FL 32303 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: D () Delete
Name: MONAHAN, GAIL
Address: 703 NE FIRST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: PD () Delete
Name: TURNER, RICHARD
Address: 118 CEDAR STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: CREGAN, KEVIN
Address: 3810 INVERRAY BOULEVARD #405
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BRUNSON, SAM
Address: 371 W HICKORY AVENUE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: REDDICK, CATHERINE
Address: 2670 AVENUE C SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: SANBURY, GAIL
Address: 27 ROBINWOOD DRIVE, SW
City-St-Zip: FORT WALTON BEACH, FL 32548

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
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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: GAIL MONAHAN

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date