

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46264

FILED  
Apr 14, 2009  
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  
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: GAIL MONAHAN

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date