2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N93000002524

Entity Name: LAKE MARY-HEATHROW FESTIVAL OF THE ARTS SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

213 COUNTRY CLUB RD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952125
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3188176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASH, DELORES M
213 COUNTRY CLUB RD
LAKE MARY, FL 32746 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: LASH, DELORES M
Address: 213 COUNTRY CLUB RD
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete
Name: CLARK, NIKKI P
Address: 190 RIDGE ROAD
City-St-Zip: LAKE MARY, FL 32771

Title: SD ( ) Delete
Name: RECKSEIDLER, JESSICA
Address: 2605 MAITLAND CENTER PKWY, STE. E
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RECKSEIDLER, JESSICA
Address: 2605 MAITLAND CENTER PKWY, STE. E
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Change (X) Addition
Name: NELSON, STEVE
Address: 3411 DAWN CT
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Change (X) Addition
Name: LEVY, JOAN
Address: 1055 AAA DRIVE
City-St-Zip: HEATHROW, FL 32746

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: NIKKI CLARK TD 01/15/2008

Electronic Signature of Signing Officer or Director — Date