

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002919

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE BOCA GRANDE AREA CHAMBER OF COMMERCE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

5800 GASPARILLA RD.
A4
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 704
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 65-0544270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, CRAIG R ED
1029 SCHOONER LANE
ENGLEWOOD, FL 34224 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: VP () Delete
Name: LOCKETT, CAROL
Address: 411 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: WISE, CHARLES
Address: 417 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: DIAZ, LESLIE
Address: 1604 JEAN LAFITTE
City-St-Zip: BOCA GRANDE, FL 33921

Title: P () Delete
Name: BURKHART, SANDY
Address: 4591 SHORE LANE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: MIGLIACCIO, LIDIJA
Address: 321 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

Title: T () Delete
Name: HUNTER, KERRY
Address: 301 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GIORDANO, JOE
Address: 475 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

Title: S (X) Change () Addition
Name: HAMILTON, JUDI
Address: 360 TARPON
City-St-Zip: BOCA GRANDE, FL 33921

Title: D (X) Change () Addition
Name: IBA, NELL
Address: 410 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

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

Title: D (X) Change () Addition
Name: HYDE, KEVIN
Address: 411 PARK AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

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: SANDY BURKHART

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date