

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90024 035 ****61.25

DOCUMENT # N93000004655 1. Entity Name CHAIRSCHOLARS FOUNDATION, INC.					
Principal Place of Business 16101 CARENIA LN ODESSA, FL 33556 US			Mailing Address 16101 CARENIA LN ODESSA, FL 33556 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0442193	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	DONOHUE, CHERIE		NAME		
STREET ADDRESS	209 LINDA AVE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BEARDSLEY, GEORGE H III		NAME		
STREET ADDRESS	3959 VAN DYKE RD PMB 397		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	POST, JOEL A		NAME	90 Tally Drive	
STREET ADDRESS	19321 US 19N SUITE 505		STREET ADDRESS	Palm Harbor, FL 34684	
CITY-ST-ZIP	CLEARWATER, FL 32764		CITY-ST-ZIP		
TITLE	VPS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KEIM, ALICIA		NAME		
STREET ADDRESS	16101 CARENIA LN		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KEIM, HUGO A		NAME		
STREET ADDRESS	16101 CARENIA LN		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BRABSON, JOHN A		NAME		
STREET ADDRESS	100 N TAMPA ST #2300		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>HUGO A. KEIM</u> HUGO A. KEIM, Pres. <u>1/5/06</u> <u>813-391-1002</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					