


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004655</b> 1. Entity Name <b>CHAIRSCHOLARS FOUNDATION, INC.</b>	
---	---

Principal Place of Business <b>16101 CARENIA LN ODESSA, FL 33556 US</b>	Mailing Address <b>16101 CARENIA LN ODESSA, FL 33556 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0442193</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEARDSLEY, GEORGE H III 3959 VAN DYKE RD PMB 397 LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POST, JOEL A 90 TALLY DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KEIM, ALICIA 16101 CARENIA LN ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEIM, HUGO A 16101 CARENIA LN ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRABSON, JOHN A 100 N TAMPA ST #2300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000578646  
01/09/07-80038-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Hugo A. Keim **HUGO A. KEIM** 1/6/07 813-391-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #