2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003059

FILED Apr 12, 2010 Secretary of State

Entity Name: CAPE CORAL MAYOR'S SCHOLARSHIP FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

CAPE CORAL CITY HALL 1015 CULTURAL PARK BLVD CAPE CORAL, FL 33990 US

Current Mailing Address: New Mailing Address:

P.O. BOX 101124 P.O. BOX 151999

CAPE CORAL, FL 339101124 US CAPE CORAL, FL 33915 US

FEI Number: 65-0587630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DARLING, DOUGLAS 1617 SW 2ND TERRACE CAPE CORAL, FL 33904 US

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: F

 Name:
 BAKER, KAREN

 Address:
 735 SW 9TH STREET

 City-St-Zip:
 CAPE CORAL, FL 33991

Title: VP

 Name:
 ZACOVIC, WILLIAM

 Address:
 2724 SW 37TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33914 US

Title: S

 Name:
 DILLON, JAMIE

 Address:
 501 SW 9TH STREET

 City-St-Zip:
 CAPE CORAL, FL 33991 US

Title: 1

Name: REIM, BRENDA Address: 818 SE 20TH CT.

City-St-Zip: CAPE CORAL, FL 33990 US

Title: [

 Name:
 CALDWELL, CHARLEY

 Address:
 4005 PALM TREE BLVD. #204

 City-St-Zip:
 CAPE CORAL, FL 33904

Title: [

 Name:
 MILLER, DAVID

 Address:
 1931 SE 10TH AVENUE

 City-St-Zip:
 CAPE CORAL, FL 33990

I hereby 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 all other like empowered.

SIGNATURE: BRENDA L. REIM T 04/12/2010