

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 010 \*\*\*\*70.00

**DOCUMENT # N95000004159**

1. Entity Name

**R. CARLYLE BRONSON SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business

2375 SUE DRIVE  
KISSIMMEE FL 34741  
US

Mailing Address

2375 SUE DRIVE  
KISSIMMEE FL 34741  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3392431

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILBERT, BETTY  
2375 SUE DRIVE  
KISSIMMEE FL 34741

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

*Betty Gilbert*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4-12-07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARSON, IRIS	
STREET ADDRESS	1611 LORALYN DR	
CITY, ST, ZIP	KISSIMMEE FL 34744	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SMITH, VIANNE	
STREET ADDRESS	4800 CANOE CREEK ROAD	
CITY, ST, ZIP	SAINT CLOUD FL 34772	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	OVERSTREET, DORINE	
STREET ADDRESS	23 SOUTH DILLINGHAM	
CITY, ST, ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, BETTY	
STREET ADDRESS	2375 SUE DRIVE	
CITY, ST, ZIP	KISSIMMEE FL 34741	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GRISSOM, EDWARD C III	
STREET ADDRESS	4545 ALBRITTON ROAD	
CITY, ST, ZIP	ST. CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERSTREET, MARK	
STREET ADDRESS	13961 US 98 NORTH	
CITY, ST, ZIP	KATHLEEN FL 33849	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	D/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT R. BRONSON	
STREET ADDRESS	3275 S. JOHN YOUNG PARKWAY	
CITY, ST, ZIP	KISSIMMEE, FL 34746	SUITE 135
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Betty Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(BETTY GILBERT) DIRECTOR

4-12-07

841-4169