

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004159

FILED
Jan 27, 2009
Secretary of State

Entity Name: R. CARLYLE BRONSON SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

2375 SUE DRIVE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

2375 SUE DRIVE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3392431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILBERT, BETTY
2375 SUE DRIVE
KISSIMMEE, FL 34741 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: VPD () Delete
Name: LARSON, IRIS
Address: 1611 LORALYN DR
City-St-Zip: KISSIMMEE, FL 34744

Title: DST () Delete
Name: SMITH, VIANNE
Address: 4800 CANOE CREEK ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: DP () Delete
Name: BRONSON, VINCENT R
Address: 3275 S JOHN YOUNG PKWY SUITE 135
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: GILBERT, BETTY
Address: 2375 SUE DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: DC () Delete
Name: GRISSOM, EDWARD C III
Address: 4545 ALBRITTON ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: OVERSTREET, MARK
Address: 13961 US 98 NORTH
City-St-Zip: KATHLEEN, FL 33849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BETTY GILBERT

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date