## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005215

FILED Jan 10, 2005 Secretary of State

Entity Name: SUE DAVENPORT MEMORIAL SCHOLARSHIP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2224 5TH COURT S.E. VERO BEACH, FL 32962 **Current Mailing Address: New Mailing Address:** 2224 5TH COURT S.E VERO BEACH, FL 32962 FEI Number: 85-0856118 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: WOOD, ANN B 2224 5TH CT. S.E. VERO BEACH, FL 32962 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WOOD, ANN Name: Name: 2224 5TH COURT S.E. Address: Address: City-St-Zip: VERO BEACH, FL City-St-Zip: Title: TD Title: VPD () Delete (X) Change ( ) Addition BATTON, JENI Name: BATTON, JENI Name: Address: 921 NE SANDALWOOD PL. Address: 921 NE SANDALWOOD PL. City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: () Change () Addition BUSTIN, BEVERLY Name: Name: 115 NE BEACH AVE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition ISENHOUR, DEBORAH Name: Name: Address: 165 CYCLONE DR Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: Title: ( ) Delete Title: TD (X) Change ( ) Addition REED, SUE REED, SUE Name: Name: 235 BERMUDA BEACH DR. 235 BERMUDA BEACH DR. Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: (X) Change ( ) Addition DILEO, DIANE DILEO, DIANE Name: Name: Address: 996 E. 13TH SQUARE Address: 996 E. 13TH SQUARE VERO BEACH, FL 32960 VERO BEACH, FL 32960 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN B. WOOD D 01/10/2005