

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005215

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** SUE DAVENPORT MEMORIAL SCHOLARSHIP, INC.

**Current Principal Place of Business:**

2224 5TH COURT SE  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

2224 5TH COURT SE  
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number:** 85-0856118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, ANN  
2224 5TH COURT SE  
VERO BEACH, FL 32962 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: PD ( ) Delete  
Name: SEAVEY, LISA  
Address: 779 SW ANDREW ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPD ( ) Delete  
Name: ISENHOUR, DEBORAH  
Address: 165 CYCLONE DRIVE  
City-St-Zip: FORT PIERCE, FL 34945

Title: SD ( ) Delete  
Name: SENG, JODY  
Address: 8365 102ND AVE.  
City-St-Zip: VERO BEACH, FL 32967

Title: TD ( ) Delete  
Name: WOOD, ANN  
Address: 2224 5TH COURT SE  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SENG, JODY  
Address: 8365 1'02ND AVE.  
City-St-Zip: VERO BEACH, FL 32967

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

Title: SD (X) Change ( ) Addition  
Name: BUSTIN, BEVERLY  
Address: 115 NEBEACH AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: ANN B. WOOD

TD

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date