

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005215

FILED  
Mar 09, 2011  
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  
**Name:** SEAVEY, LISA  
**Address:** 779 SW ANDREW ROAD  
**City-St-Zip:** PORT ST. LUCIE, FL 34953 US

**Title:** VPD  
**Name:** WOOD, ANN  
**Address:** 2224 5TH COURT SE  
**City-St-Zip:** VERO BEACH, FL 32962 US

**Title:** SD  
**Name:** SENG, JODY  
**Address:** 8365 102ND AVENUE  
**City-St-Zip:** VERO BEACH, FL 32967 US

**Title:** TD  
**Name:** ISENHOUR, DEBORAH  
**Address:** 165 CYCLONE DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34945 US

**Title:** D  
**Name:** REED, SUE  
**Address:** 10620 SW EAST PARK AVENUE  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

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:** ANN B. WOOD

VPD

03/09/2011

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

\_\_\_\_\_  
Date