## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001619

Entity Name: NWFMOA SCHOLARSHIP FUND, INC.

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
131 WYNN	IEHAVEN BEA HER, FL 325	ACH ROAD			.,		
Current M	New	New Mailing Address:					
	IEHAVEN BEA HER, FL 325						
FEI Number: 59-3434498 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:			
MARY EST	IEHAVEN BE/ THER, FL 325		urpose of char	naina it	ts registered o	office or registered	agent or both
in the State		submited this statement for the pe	arpose or onar	'9'''9 ''	io regioterea e	moe or registered	agent, or both,
SIGNATUR	RE:						
	Electron	nic Signature of Registered Ager	nt			Date	
OFFICERS	ADD	ITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( GLUNN, FRANI 1069 EMERAL DESTIN, FL 32	D BAY DRIVE	Title: Name Addre City-S	ss:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( HOWARD, HIL 2403 PARKER NICEVILLE, FL	DR	Title: Name Addre City-S	SS:	D (X HILL, HOWARI 2403 PARKER NICEVILLE, FL	DR	
Title: Name: Address: City-St-Zip:	GARDNER, JA 200 MIRACLE	) Delete CK STRIP PKWY. S.W. #205 I BEACH, FL 32548	Title: Name Addre City-S		D (X GARDNER, JAG 34 COUNTRY ( SHALIMAR, FL	CLUB RD	
Title: Name: Address: City-St-Zip:	GORDAN, THO 731 FORREST		Title: Name Addre City-S	ss:	D (X THOMAS, GOR 731 FOREST S MARY ESTHER	SHORES DR	
Title: Name: Address: City-St-Zip:	MCCARTHY, J. 200 WYNNEHA	Delete AMES F VEN BEACH RD R, FL 325692717	Title: Name Addre City-S	ss:	MCCARTHY, J	VEN BEACH RD	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name Addre City-S		D ( CULLEN, WILL 131 WYNNEHA MARY ESTHER	VEN BCH RD	

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: WILLIAM J CULLEN D 01/19/2008