2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001964

FILED Jan 16, 2009 Secretary of State

Entity Name: JUSTIN HESS SCHOLARSHIP FOUNDATION, INC.

urrent P	rincipal Place	of Business:	New Principal Pla	ce of Business:
	YMAN CIR DINA BEACH, F	L 32034		
urrent Mailing Address:		New Mailing Address:		
	YMAN CIR DINA BEACH, F	L 32034		
El Number:	: 59-3443220	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
	RE STREET	L 320351130 US		
		ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida. RE:	·		
the State	e of Florida. RE:	ubmits this statement for the positions of the positions of Registered Agric Signature of Registered Agric		ered office or registered agent, or both, Date
the State	e of Florida. RE:	c Signature of Registered Ag	ent	
the State	e of Florida. RE: Electroni S AND DIRECT VP () WATSON, PAUL 1520 FRANKLIN	ic Signature of Registered Agr F ORS: Delete ETTE	ent	Date
the State IGNATUF FFICER: tle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT VP () WATSON, PAUL 1520 FRANKLIN FERNANDINA B	ic Signature of Registered Agr FORS: Delete ETTE I ST EACH, FL 32034 Delete DENICE	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
the State GNATUF FFICERS le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida. RE: Electroni S AND DIRECT VP () WATSON, PAUL 1520 FRANKLIN FERNANDINA B SD () MCCONNELL, D 229 MARY'S CT SAINT MARYS, (PD () MARLOW, GAR' 96276 CAYMAN	ic Signature of Registered Agr FORS: Delete LETTE I ST EACH, FL 32034 Delete DENICE GA 31558 Delete Y	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition

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: NANCY J. MARLOW T 01/16/2009