

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N97000003892

1. Entity Name

THE BRYANT PENEY SCHOLARSHIP FOUNDATION, INC.



**FILED
Mar 12, 2008 8:00 am
Secretary of State**

03-12-2008 90025 013 ****61.25



1st MOORE CR2E037 (10/07)

Principal Place of Business	Mailing Address	
7006 NW 39TH STREET CORAL SPRINGS FL 33065	7006 NW 39TH STREET CORAL SPRINGS FL 33065	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
--	--------------------	--

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number	65-0850551	Applied For Not Applicable
---------------	------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent

PENEY, JOEL
7006 NW 39TH STREET
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENEY, JOEL 7006 NW 39TH STREET CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENEY, ELLIE 7006 NW 39TH STREET CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HECTOR 7856 DIXIE BEACH CIRCLE TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTINEZ, HECTOR 7860 NW 70TH ST, PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHARTON, FRED 1293 BEACON CIR WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SIERRA, CHARLES 1042 71 W 110TH LN CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel P. Pene Joel P. Pene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08 954-344-1522