

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002333

FILED  
Feb 27, 2005  
Secretary of State

**Entity Name:** THE R. CHAD BOGAN SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

2456 VIA SIENNA DRIVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2456 VIA SIENNA DRIVE  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3489600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOGAN, R V  
2456 VIA SIENNA DRIVE  
WINTER PARK, FL 32789 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: DF ( ) Delete  
Name: BOGAN, R V  
Address: 2456 VIA SIENNA DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: ROSS, MELISSA B  
Address: 2456 VIA SIENNA DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: BOGAN, GLENDA N  
Address: 2456 VIA SIENNA DRIVE  
City-St-Zip: WINTER PARK, FL 32789

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

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

Title: D (X) Change ( ) Addition  
Name: ROSS, MELISSA B  
Address: 1640 WATERBURY  
City-St-Zip: WACONIA, MN 55387

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: R. VAN BOGAN

PRES

02/27/2005

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

\_\_\_\_\_  
Date