2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N98000006229

Entity Name: MOAACC SCHOLARSHIP CORPORATION

Current Principal Place of Business:

PO BOX 254708
PATRICK AFB, FL 329254708 US

New Principal Place of Business:

1550 INDEPENDENCE AVENUE
MELBOURNEPATRICK AFB, FL 32940-680 US

Current Mailing Address:

P O BOX 254708
PATRICK A F B, FL 329254708 US

New Mailing Address:

FEI Number: 59-3563724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATTERSON, MICHAEL O
1550 INDEPENDENCE AVE
MELBOURNE, FL 32940 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:	CD	( ) Delete
Name:	HALL, WILLIAM E	
Address:	3093 RIO BAYA S	
City-St-Zip:	INDIALANTIC, FL 329033724	
Title:	D	( ) Delete
Name:	PATTERSON, MICHAEL O	
Address:	1550 INDEPENDENCE AVENUE	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	MERRITT, SYLVESTER A	
Address:	2738 TRAILS AT HIDDEN HARBOR	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	D	( ) Delete
Name:	KENDALL, MAURICE W	
Address:	625 BARCELONA COURT	
City-St-Zip:	SATELLITE BEACH, FL 329373907	
Title:	SD	( ) Delete
Name:	KRONEBUSCH, ROBERT M	
Address:	675 MARK AND RANDY DR	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	TD	( ) Delete
Name:	BATES, ROSLYN	
Address:	290 PARADISE BLVD APT 78	
City-St-Zip:	INDIALANTIC, FL 32903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL O. PATTERSON D 01/22/2009
Electronic Signature of Signing Officer or Director — Date