

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 14, 2010
Secretary of State

Entity Name: SARASOTA MILITARY OFFICERS SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

8221 DEERBROOK DRIVE
SARASOTA, FL 34238 US

New Principal Place of Business:

2659 WOODGATE LN
SARASOTA, FL 34231 US

Current Mailing Address:

P.O. BOX 1016
SARASOTA, FL 342301016 US

New Mailing Address:

FEI Number: 65-0883860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUYPER, DONALD M
2659 WOODGATE LN
SARASOTA, FL 34231 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: PRES
Name: O'CONNELL, RAYMOND P
Address: 3081 QUAIL HOLLOW
City-St-Zip: SARASOTA, FL 34235 US

Title: VP
Name: O'BRIEN, JOHN C
Address: 7606 BROOMESEDGE CT
City-St-Zip: SARASOTA, FL 34202 US

Title: VP
Name: REILLING, VICTOR G
Address: 5073 MARSHFIELD RD
City-St-Zip: SARASOTA, FL 34236 US

Title: SECR
Name: BINSWANGWANGER, GEORGE L
Address: 2024 RIVERBLUFF PARKWAY
City-St-Zip: SARASOTA, FL 34231 US

Title: TRES
Name: KUYPER, DONALD M
Address: 2659 WOODGATE LN
City-St-Zip: SARASOTA, FL 34231 US

Title: DIR
Name: HESSON, JAMES M
Address: 4612 CHASE OAKS DR
City-St-Zip: SARASOTA, FL 34241 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD M KUYPER

TREA

03/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date