2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N99000001682

Entity Name: KATIE CAPLES SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

98 SO. FLETCHER AVE.
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

98 SO. FLETCHER AVE.
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3580838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPLES, DAVID J
1617 ATLANTIC AVE.
FERNANDINA BEACH, FL 32034 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: D ( ) Delete
Name: CAPLES, DAVID J
Address: 1617 ATLANTIC AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: CAPLES, SUSAN L
Address: 1617 ATLANTIC AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: ODEN, TOM
Address: 1889 OCEAN VILLAGE DR.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D ( ) Delete
Name: HOULE, MICHAEL R REV.
Address: 1055 KINGMAN AVE.
City-St-Zip: JACKSONVILLE, FL 32247

Title: D ( ) Delete
Name: SHOUVLIN, TOM
Address: 1603 HARRINGTON PARK DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: WALTERS, JUDY
Address: 2862 PARK SQUARE PL
City-St-Zip: AMELIA ISLAND, FL 32034

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: DAVID J CAPLES DIRE 01/16/2009

Electronic Signature of Signing Officer or Director — Date