2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N99000002720

Entity Name: THE LINDSEY MAIBACH SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2427 CARDWELL WAY
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2427 CARDWELL WAY
SARASOTA, FL 34231

New Mailing Address:

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

Name and Address of Current Registered Agent:

REINICKE, STEPHANIE A
1800 SECOND STREET
SUITE 803
SARASOTA, FL 34236 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:	WARD, MARY	
Address:	4119 KINGSTON WAY	
City-St-Zip:	SARASOTA, FL 34238	
Title:	D	( ) Delete
Name:	WARD, GEORGE	
Address:	4119 KINGSTON WAY	
City-St-Zip:	SARASOTA, FL 34238	
Title:	D	( ) Delete
Name:	LUSSIER, GEORGES	
Address:	2427 CARDWELL WAY	
City-St-Zip:	SARASOTA, FL 34231	
Title:	P	( ) Delete
Name:	ZUMMACH, A. LYDIA	
Address:	2427 CARDWELL WAY	
City-St-Zip:	SARASOTA, FL 34231	
Title:	V	( ) Delete
Name:	MAIBACH, COURTNEY A	
Address:	2427 CARDWELL WAY	
City-St-Zip:	SARASOTA, FL 34231	
Title:	ST	( ) Delete
Name:	LUSSIER, SHARON	
Address:	2427 CARDWELL WAY	
City-St-Zip:	SARASOTA, FL 34231	

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: SHARON A LUSSIER S/T 01/30/2009

Electronic Signature of Signing Officer or Director — Date