

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005000

FILED
Mar 03, 2009
Secretary of State

Entity Name: IRIS AND HUBERT ALLEN SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

203 N. MOON AVENUE
BRANDON, FL 33509

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 816
BRANDON, FL 335090816

New Mailing Address:

FEI Number: 59-3601318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHISENANT, HERBERT
203 N. MOON AVENUE
BRANDON, FL 33509 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: TD () Delete
Name: PIKE, GENE
Address: 508 LITHIA WAY
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: ALLEN, HUBERT
Address: 18460 BOYETTE RD
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: MITCHELL, WILLIAM
Address: 804 BENNINGER DRIVE
City-St-Zip: BRANDON, FL 33510

Title: CD () Delete
Name: REICHERT, CHARLES E SR.
Address: 1403 OXFORDSHIRE CT
City-St-Zip: BRANDON, FL 33510

Title: S () Delete
Name: WHISENANT, HERBERT
Address: 911 ALPINC DR.
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PIKE, GENE
Address: 503 LITHIA WAY
City-St-Zip: BRANDON, FL 33511

Title: D (X) Change () Addition
Name: PATE, DONALD
Address: 120 GOLDENWOOD DR.
City-St-Zip: BRANDON, FL 33510

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

Title: CD (X) Change () Addition
Name: BOETTGER, RICHARD
Address: 531 N. LARRY CIRCLE
City-St-Zip: BRANDON, FL 33511

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: GENE E. PIKE

TD

03/03/2009

Electronic Signature of Signing Officer or Director

Date