


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90064 011 ****61.25

DOCUMENT # N97000001964		
1. Entity Name JUSTIN HESS SCHOLARSHIP FOUNDATION, INC.		
Principal Place of Business 3744 CAYMAN CIRCLE FERNANDINA BEACH FL 32034	Mailing Address 3744 CAYMAN CIRCLE FERNANDINA BEACH FL 32034	



2. Principal Place of Business - No P.O. Box # 96276 CAYMAN CIRCLE	3. Mailing Address 96276 CAYMAN CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FERNANDINA BEACH, FL	City & State FERNANDINA BEACH, FL
Zip 32034	Country USA

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3443220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, ALEXA 311 CENTRE STREET FERNANDINA BEACH FL 32035-1130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATSON, PAULETTE 1520 FRANKLIN ST FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCONNELL, DENICE 229 MARY'S CT SAINT MARYS GA 31558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLOW, GARY 3744 CAYMAN CIRCLE FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD GARY H. MARLOW 96276 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARLOW, NANCY 3744 CAYMAN CIRCLE FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T MARLOW, NANCY J. 96276 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Marlow **NANCY J. MARLOW** 02/15/08 904-277-8623