		-				
	45 EGLIN PA SUITE 300	ARKWAY, NE				
		ON BEACH, FL 32548				
	EEI Number	: 45-2659060		Certificate of Status Desire	d: No	
Name and Address of Current Registered Agent:			Certificate of Status Desire	<b>u.</b> NO		
	HAMILTON, CH	AD				
	45 EGLIN PARKWAY NE 301					
		FORT WALTON BEACH, FL 32548 US				
	The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida	ì.	
		l entity submits this statement for the purpose of changing its regi	stered office or regis	<b>C</b>	a. 17/14/2022	
			stered office or regis	<b>C</b>		
		CHAD HAMILTON Electronic Signature of Registered Agent	stered office or regis	<b>C</b>	7/14/2022	
	SIGNATURE	CHAD HAMILTON Electronic Signature of Registered Agent	stered office or regis	<b>C</b>	7/14/2022	
	SIGNATURE	CHAD HAMILTON Electronic Signature of Registered Agent Ctor Detail :		C	7/14/2022	
	SIGNATURE Officer/Direc Title	CHAD HAMILTON Electronic Signature of Registered Agent Ctor Detail : D	Title	D	7/14/2022	
	SIGNATURE Officer/Direc Title Name	CHAD HAMILTON     Electronic Signature of Registered Agent     Ctor Detail :     D     BOWMAN, MICHAEL N	Title Name	D BOWMAN, LINDE H 631 NE COUNTRY CLUB AVE.	7/14/2022 Date	
	SIGNATURE Officer/Direc Title Name Address	CHAD HAMILTON     Electronic Signature of Registered Agent     Ctor Detail :     D     BOWMAN, MICHAEL N     631 NE COUNTRY CLUB AVE.	Title Name Address	D BOWMAN, LINDE H 631 NE COUNTRY CLUB AVE.	7/14/2022 Date	

Name

Address

City-State-Zip:

D

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006433

#### Entity Name: ALAYNA BOWMAN MEMORIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:** 

45 EGLIN PARKWAY, NE SUITE 300 FORT WALTON BEACH, FL 32548

#### **Current Mailing Address:**

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: R CHAD HAMILTON

HAMILTON, ROSS E

HAMILTON, R CHAD

1202 BASIN CREEK COVE

FORT WALTON BEACH FL 32547

414 PELHAM RD.

D

City-State-Zip: NICEVILLE FL 32578

Name

Title

Name

Address

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

## FILED Jul 14, 2022 Secretary of State 5818923929CC

HAMILTON, JENNY B

FORT WALTON BEACH FL 32547

414 PELHAM RD.

07/14/2022 Date