SUITE 30	ALTON BEACH, FL 32548		
FEI Num	ber: 45-2659060		Certificate of Status D
Name an	d Address of Current Registered Ager	nt:	
301	, CHAD 'ARKWAY NE TON BEACH, FL 32548 US		
The above na	amed entity submits this statement for the purpose of cha	nging its registered office or r	egistered agent, or both, in the State of
SIGNATU	JRE: CHAD HAMILTON		
	Electronic Signature of Registered Agent		
Officer/D	irector Detail :		
Title	D	Title	D
Name	BOWMAN, MICHAEL N	Name	BOWMAN, LINDE H

of Florida.

Officer/Director Detail :				
Title	D	Title	D	
Name	BOWMAN, MICHAEL N	Name	BOWMAN, LINDE H	
Address	631 NE COUNTRY CLUB AVE.	Address	631 NE COUNTRY CLUB AVE.	
City-State-Zip:	FORT WALTON BEACH FL 32547	City-State-Zip:	FORT WALTON BEACH FL 32547	
Title	D	Title	D	
Name	HAMILTON, ROSS E	Name	HAMILTON, JENNY B	
Address	414 PELHAM RD.	Address	414 PELHAM RD.	
City-State-Zip:	FORT WALTON BEACH FL 32547	City-State-Zip:	FORT WALTON BEACH FL 32547	
Title	D			
Name	HAMILTON, R CHAD			
Address	1202 BASIN CREEK COVE			
City-State-Zip:	NICEVILLE FL 32578			

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.

DIRECTOR

## SIGNATURE: R CHAD HAMILTON

Electronic Signature of Signing Officer/Director Detail

# 2024 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:**

45 EGLIN PARKWAY, NE

# **FILED** Feb 02, 2024 **Secretary of State** 1471456536CC

Desired: No

02/02/2024 Date

02/02/2024 Date