

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005338

Entity Name: LINDA CRISP SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**C/O RON CRISP
217 SEMINOLE DRIVE
ORMOND BEACH, FL 32174**Current Mailing Address:**C/O PATRICIA A. LAGONI
131 MUIRFIELD DRIVE
DAYTONA BEACH, FL 32114 US**FEI Number:** 47-4102889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**K. JUDITH LANE, PLLC
C/O K. JUDITH LANE
1400 HAND AVENUE SUITE D
ORMOND BEACH, FL 32174 US*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:** K. JUDITH LANE**04/29/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title P
Name STOCKER, ANGELA M
Address 1456 RAMBLING HILLS DRIVE
City-State-Zip: CINCINNATI OH 45230Title DIRECTOR
Name MACISAAC, TAMMY
Address 1140 NORTH WILLIAMSON
BOULEVARD
City-State-Zip: DAYTONA BEACH FL 32114Title DIRECTOR
Name STOCKER, CAMERON
Address 1456 RAMBLING HILLS DRIVE
City-State-Zip: CINCINNATI OH 45230Title VPST
Name LAGONI, PATRICIA A
Address 131 MUIRFIELD DRIVE
City-State-Zip: DAYTONA BEACH FL 32114Title DIRECTOR
Name CRISP, RON
Address 217 SEMINOLE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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: PATRICIA LAGONI**SECRETARY****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date