

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005338

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**6208524332CC**

**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

04/29/2019

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 45230

Title VPST  
Name LAGONI, PATRICIA A  
Address 131 MUIRFIELD DRIVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name GUILD, MARYKE  
Address 108 JUBILEE CIRCLE  
City-State-Zip: DAYTONA BEACH FL 32124

Title DIRECTOR  
Name MACISAAC, TAMMY  
Address 1140 NORTH WILLIAMSON BOULEVARD  
City-State-Zip: DAYTONA BEACH FL 32114

Title 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 A. LAGONI

PVST

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date