2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

DOCUMENT # 714537

1. Entity Name

Principal Place of Business

FLORIDA SURVEYING AND MAPPING SOCIETY SCHOLARSHIP FUND, INC.



FILED Mar 26, 2004 8:00 am Secretary of State

03-26-2004 90014 028 ****70.00



1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308			1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308					54022840					
2. Principal P	lace of Busin	ess	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					MOORE CR2E037 (11/03)					
City & State	е		City & State					4. FEI Number Applied For S9-6209248 Not Applied For					
Zip Country		Zip		Country			5. Certifica		atus Desired	<u>'</u>	\$8.75 Add		
	6 Nama	and Addrose of Current	Paristered Agent				7. Name and Address of New Registered Agent						ď
6. Name and Address of Current Registered Agent						Name							
EVERS, MARILYN C 1689-A MAHAN CENTER BLVD.					-	Street Address (P.O. Box Number is Not Acceptable)							
	LAHASSI	•											
-1											FL	Zip Cod	e
		submits this statement fo	r the purpose o	of changing its re	gistered	office or	r registered	d agent, or	both, in	the State of Flo	rida. Lam	familiar with,	and accept
the obligat	ions of regist	ered agent.	2										ļ
SIGNATURE	Masi	Lywe L	Cycl.	رو									ļ
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	. (NOTE: P	legistered A	gent signati	ure required wh	hen reinstating))		DATE		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign I Trust Fund Contribut						_		5.00 Ma				k Payable tment of	
10.	<u> </u>	OFFICERS AND DIF	RECTORS		11.		AD	DITIONS/	CHANG	ES TO OFFICE	RS AND D	RECTORS IN	110
TITLE	V		;	☐ Delete	TITLE							☐ Change	Addition
NAME	WHITLING, MICHAEL J 17854 SW 89TH PLACE				NAME	NAME STREET ADDRESS CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33157												
TITLE	P			☐ Delete	TITLE		0					Change	☐ Addition
NAME	CLYATT, JOHN M		•	<u> </u>									
STREET ADDRESS	475 S FIRST AVE. BARTOW FL 33830					ADDRESS	CLYATT, John M 475 S FIRST AVENUE						
CITY-ST-ZIP	TD				CITY-S1	T- ZIP	UAR	TOW	FL	<u>- '338'</u>	30		
TITLE NAME	1	STEPHEN M	1	☐ Delete	TITLE NAME		CORD	204	CTE	PHEN	M	Change	Addition
STREET ADDRESS	1 '	BLVD STE 105				ADDRESS	2560	RCA	BI	LVD, Su	TE	105	
CITY-ST-ZIP		M BEACH FL 33410			CITY-ST	T-ZIP	PAL			H GARD			33410
TITLE	D SCHRYVER	DAVID		☐ Delete	TITLE		P			<u> </u>		Change	☐ Addition
NAME	1	ARTIN HIGHWAY			NAME		SCHE	2 Y v 6	: K	DAVID)		
STREET ADDRESS CITY-ST-ZIP	PALM CITY				CITY-SI	ADDRESS T-Zip	1665	W C	10	LLY WA	* \ \\ \	990	
TITLE	s				TITLE		5		- ` ` `	<u> </u>		☐ Change	Addition
NAME	STRAYER,			L1 5000	NAME		FER	RAR	ξι,	PABL	0	_ •	
STREET ADDRESS VENICE FL 34293						ADDRESS	782	7825 LADY SMITH LANE JACKSONVILLE FL 322			IE		
CITY-ST-ZIP	D		-		CITY-ST	i-ZIP	1		1011	ic F	L 3		
TITLE NAMÉ	MAXWELL	, MICHAEL H		Delete	TITLE NAME		70			THOM	4	☐ Change	Addition
STREET ADDRESS	3200 BARL					ADDRESS	216	0 C	بر ا م 12 الحا	74 L/	L2.7		
CITY-ST-ZIP	NAPLES FI	L 34105			CITY-ST	T-ZIP	MIA	₹W /	FL	- WAY	145		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, hithpal other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #