

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760036 (4)
1. Corporation Name
GEORGE SNOW SCHOLARSHIP FUND, INC.



Principal Place of Business: 520 FORSYTH STREET BOCA RATON FL 33487 US
Mailing Address: 520 FORSYTH STREET BOCA RATON FL 33487-3226 US

3. Date Incorporated or Qualified: 09/15/1981
3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-2162597
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: SNOW, TIMOTHY G, 520 FORSYTH STREET, BOCA RATON FL 33487

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, REXANN	1.2 NAME	
STREET ADDRESS	2260 N. DIXIE HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, ROBERT S	2.2 NAME	
STREET ADDRESS	899 S W 16TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, TIMOTHY G	3.2 NAME	
STREET ADDRESS	2260 N. DIXIE HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATONCH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, JOEL T	4.2 NAME	
STREET ADDRESS	54 N.E. 4TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH, FL 33483	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYAN, GREGORY J	5.2 NAME	
STREET ADDRESS	7000 W. PALMETTO PARK ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____

CR2E037 (9/96)