

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760036 (4)**  
1. Corporation Name  
**GEORGE SNOW SCHOLARSHIP FUND, INC.**



Principal Place of Business <b>520 FORSYTH STREET BOCA RATON FL 33487 US</b>	Mailing Address <b>520 FORSYTH STREET BOCA RATON FL 33487 US</b>
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3. Date Incorporated or Qualified <b>09/15/1981</b>		
4. FEI Number <b>59-2162597</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (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	2280 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	2280 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
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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 on an attachment with an address.

SIGNATURE:  Timothy G. Snow 3/20/98 (561) 994-1021

CR2E037 (10/97)