


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 760036

1. Entity Name
GEORGE SNOW SCHOLARSHIP FUND, INC.



Principal Place of Business Mailing Address

998 S FED HWY STE 203 998 S FED HWY STE 203
 BOCA RATON, FL 33432 US BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2162597 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNOW, TIMOTHY G
 998 S FED HWY STE 203
 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	JONES, REXANN
STREET ADDRESS	1480 NW 13 AVE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	VC
NAME	GOLDMAN, MICHAEL
STREET ADDRESS	2595 NW BOCA RATON BLVD, S-100
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	P
NAME	SNOW, TIMOTHY G
STREET ADDRESS	4661 NW 2 AVE #601
CITY - ST - ZIP	BOCA RATONCH, FL 33434
TITLE	TD
NAME	STRAWN, JOEL T
STREET ADDRESS	54 N.E. 4TH AVE.
CITY - ST - ZIP	DELRAY BCH., FL 33483
TITLE	COB
NAME	ADAMS, SCOTT H
STREET ADDRESS	8000 N. FEDERAL HIGHWAY
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	SNOW, JEFFREY E
STREET ADDRESS	781 SW 2ND STREET
CITY - ST - ZIP	BOCA RATON, FL 33486

U00000324301
 04/22/05-80088-019 70.00

DO NOT WRITE IN THIS SPACE

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, with all other like empowered.

SIGNATURE: Tim Snow Date: (5/6) 347.6799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #