

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760036

FILED
Apr 12, 2006
Secretary of State

Entity Name: GEORGE SNOW SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2162597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JONES, REXANN,
Address: 1480 NW 13 AVE
City-St-Zip: BOCA RATON, FL 33486

Title: VC () Delete
Name: GOLDMAN, MICHAEL
Address: 2595 NW BOCA RATON BLVD, S-100
City-St-Zip: BOCA RATON, FL 33431

Title: P () Delete
Name: SNOW, TIMOTHY G,
Address: 4661 NW 2 AVE #601
City-St-Zip: BOCA RATONCH, FL 33434

Title: TD () Delete
Name: STRAWN, JOEL T,
Address: 54 N.E. 4TH AVE.
City-St-Zip: DELRAY BCH,, FL 33483

Title: COB () Delete
Name: ADAMS, SCOTT H
Address: 8000 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: S () Delete
Name: SNOW, JEFFREY E
Address: 781 SW 2ND STREET
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REXANN JONES

T

04/12/2006

Electronic Signature of Signing Officer or Director

_____ Date