


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90056 049 ****70.00

DOCUMENT # 760036
 1. Entity Name
 GEORGE SNOW SCHOLARSHIP FUND, INC.



Principal Place of Business
 998 S FED HWY STE 203
 BOCA RATON, FL 33432 US

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2162597

Applied For
 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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 NAME JONES, REXANN
 STREET ADDRESS 1480 NW 13 AVE
 CITY-ST-ZIP BOCA RATON, FL 33486 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

VC
 NAME FEILER, FRANKLIN D
 STREET ADDRESS 841 APPLEBY STREET
 CITY-ST-ZIP BOCA RATON, FL 33487 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

COB
 Feiler, Franklin D
 841 Appleby St.
 Boca Raton, FL 33487

P
 NAME SNOW, TIMOTHY G
 STREET ADDRESS 4661 NW 2 AVE #601
 CITY-ST-ZIP BOCA RATONCH, FL 33434 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TD
 NAME STRAWN, JOEL T
 STREET ADDRESS 54 N.E. 4TH AVE.
 CITY-ST-ZIP DELRAY BCH., FL 33483 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

COB
 NAME MURDOCH, RICHARD A
 STREET ADDRESS 774 AZALEA STREET
 CITY-ST-ZIP BOCA RATON, FL 33486 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

VC
 Weppner, Michael
 741 Camino Lakes Circle
 Boca Raton, FL 33486

S
 NAME SNOW, JEFFREY E
 STREET ADDRESS 781 SW 2ND STREET
 CITY-ST-ZIP BOCA RATON, FL 33486 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Rexann Jones**, 2.19.08 (96) 392.5586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #