2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 760036 1. Entity Name GEORGE SNOW SCHOLARSHIP FUND, INC.						02-	-25-2008 9	90056 049	9 ****70.	.00
Principal Place of Business Mailing Address 998 S FED HWY STE 203 BOCA RATON, FL 33432 US BOCA RATON, FL 33432				us		801/F 88/8 81/8 F		II GIBII BIBA BIT	IT RIBII BIBEL BIB	HTOE OI IOOI
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0219	92008 Ch	ıg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FE	Number 9-216259	7		1	oplied For
Zip	Country Zip		Co	Country		rtificate of Sta			\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent		T .	7. Na	me and Addr	ress of New F	Registered A	Agent	
				Name						'.
SNOW, TIMOTHY G 998 S FED HWY STE 203 BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	e
9 The above	named entity submits this statement for	or the nurnose of ch	anging its registe	ared office or	registered agen	nt or both in t	the State of Flo	ovida Lam f	emiliar with	and accept
	ions of registered agent.	or the purpose of cr	ianging its registe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	registored ager	n, or som, are	ino orate or r	0410a. Tairi	S	and doodpi
SIGNATURE .								DATE		
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	red Agent signatu	re required when reins	itating)		UATE	• •	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.19.08

(361) 392.5584