


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90004 016 \*\*\*\*61.25

**DOCUMENT # N02000007101**

1. Entity Name  
**ISABEL DEL CALVO MEMORIAL SCHOLARSHIP FUND, INC.**



Principal Place of Business  
**5411 N.W. 110 AVE.  
 MIAMI, FL 33178**

Mailing Address  
**5411 N.W. 110 AVE.  
 MIAMI, FL 33178**

**54014335**



2. Principal Place of Business  
**3210 SW 190 Av**

3. Mailing Address  
**3210 SW 190 Ave**

Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

City & State  
**MIRAMAR, FL**

City & State  
**MIRAMAR, FL**

Zip  
**33029** Country **US**

Zip  
**33029** Country **US**

4. FEI Number  
**11-3653411**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL CALVO, TERI  
 5411 N.W. 110 AVE.  
 MIAMI, FL 33178**

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, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEL CALVO, TERI	
STREET ADDRESS	5411 N.W. 110 AVE.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BABEITO-LOVETT, MARIA	
STREET ADDRESS	7720 S.W. 78TH STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEL CALVO, TERESITA	
STREET ADDRESS	3225 S.W. 96 AVE.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUMMERT, JEFFREY	
STREET ADDRESS	5601 COLLINS AVE. #416	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CALVO, TERI	
STREET ADDRESS	3210 SW 190 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_ Date: **2/27/04** Daytime Phone #: **305-322-3713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR