


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90020 005 ***245.00

DOCUMENT # N38003
1. Entity Name
MAASAI SPECIAL PROJECTS FUND, INC.



Principal Place of Business Mailing Address
%KERRY M WILSON **%KERRY M WILSON**
505 BEACHLAND BLVD STE 264 **505 BEACHLAND BLVD STE 264**
VERO BEACH FL 32963 **VERO BEACH FL 32963**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **65-0216787** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILSON, KERRY M.
141 5TH ST. NW #300
WINTER HAVEN FL 33881

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

FILE NOW: FEE IS \$61.25
After September 10, 2003; min will be \$236.25

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	VD	<input type="checkbox"/> Delete
NAME	JEFF BLACK	
STREET ADDRESS	1820 BLUE RIDGE RD	
CITY-ST-ZIP	GAINESVILLE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRANG, SHORTER T S	
STREET ADDRESS	1329 N. LAKE OTIS DR. SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, ROBERT	
STREET ADDRESS	415 WILLOW OAK CT.	
CITY-ST-ZIP	FORT MEADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, MORGAN	
STREET ADDRESS	PO BOX 900	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, CRAIG	
STREET ADDRESS	1249 PLUM BRANCH LANE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIG, CAROL	
STREET ADDRESS	944 FIRESTONE ROAD	
CITY-ST-ZIP	WESTMINSTER MD 21158	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRANG, FRED F OY	
STREET ADDRESS	2716 LAUREL DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
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: **SIGNATURE REQUIRED** Date: **Sept 15, 2003 772-778-2770**

CR2E037 (4/03)