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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44194

1. Corporation Name

PEGGY GRIFFIN SCHOLARSHIP FUND, INC.

Principal Place of Business

1502 SE LADNER ST  
PORT ST LUCIE FL 34983  
US

Mailing Address

1502 SE LADNER ST  
PORT ST LUCIE FL 34983  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 725 Hummingbird Way

27 Suite, Apt. #, etc. (same as 2)

07/01/1991

22 #111

27 Suite, Apt. #, etc.

4. FEI Number  
65-0274484

Applied For  
Not Applicable

23 North Palm Beach, FL

28 City & State

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

24 33408 25 USA

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, MAXINE  
1502 SE LADNER ST  
PORT ST LUCIE FL 34983

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

725 Hummingbird Way #111

83

84 City N. Palm Beach FL

85 Zip Code 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME D  
KENNEY, ROSE  
STREET ADDRESS 17979 BRIDLE LANE  
CITY-ST-ZIP JUPITER FL 33478

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
TAYLOR, MAXINE  
STREET ADDRESS 1502 SE LADNER  
CITY-ST-ZIP PORT ST LUCIE FL 34983

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
SERRAES, ANDREA  
STREET ADDRESS 1300 53RD ST.  
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Maxine Taylor, Treas. 4/30/99 561-842-1384

CR2E037 (1/98)