


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90012 006 ****61.25

DOCUMENT # N45321
 1. Entity Name
CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, INC.



Principal Place of Business 4949 BILLINGS AVENUE P.O. BOX 501 DELEON SPRINGS, FL 32059-4426	Mailing Address 4949 BILLINGS AVENUE P.O. BOX 501 DELEON SPRINGS, FL 32059-4426
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02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3093714	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCHULER, RICHARD W.
 808 PARK AVENUE
 DELEON SPRINGS, FL 32130**

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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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHEPARD, LEONARD 3355 OAKLEA DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BENSON, GURDEN 200 WEST STATE ROAD 40 BARBERVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHULER, RICHARD W. 808 PARK AVE. DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREEZE, MARILYN 5035 DELEON OAKS COURT DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Richard W. Schuler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (386) 985 4543
Date Daytime Phone #