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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N95000002158**

1. Corporation Name

**FEMINIST SCHOLARSHIP FUND, INC.**

* 1 2 5 1 1 3 · 9 0 0 2 8 · 1 4 5 3 *

| Principal Place of Business | Mailing Address |
|---|---|
| 7453 CHABLIS COURT<br>BOCA RATON FL 33433 | 7453 CHABLIS COURT<br>BOCA RATON FL 33433 |

| | | |
|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 3. Date Incorporated or Qualifed: 05/01/1995 |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 4. FEI Number: 52-1933554 ☐ Applied For ☐ Not Applicable |
| City & State (23) | City & State (28) | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip (24) Country (25) | Zip (29) Country (30) | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

JAFFE, SHEILA
7453 CHABLIS COURT
BOCA RATON FL 33434

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLLINS, RENEE<br>4301 N OCEAN BLVD #405A<br>BOCA RATON FL 33431 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>~~ELLEN GRUNEISEN~~<br>~~222 N FEDERAL HWY~~<br>~~BOCA RATON FL 33441~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JAFFE, SHEILA<br>7453 CHABLIS CT<br>BOCA RATON FL 33433 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>JUDY KAPLAN<br>428 PLAZA REAL #514<br>BOCA RATON FL 33432 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALPERT, GLORIA<br>8566 CASA DEL LAGO #D<br>BOCA RATON FL 33433 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>ELLEN GRUNEISEN<br>222 N. FEDERAL HWAY<br>DEERFIELD BEACH FL 33441 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COANE, ALICE<br>10828 BOCA WOODS LN<br>BOCA RATON FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>DIANA DAWSON<br>841 PARK DR E<br>BOCA RATON FL 33432 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MURRAY, ROSALIND<br>2 NW 18 ST<br>DELRAY BEACH FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BLIPEN, LINDA<br>10921 LAKE FOREST PLACE<br>BOCA RATON FL 33498 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

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 REQUIRED GLORIA ALPERT 1/31/99 561-482-4951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #