


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90049 029 ****61.25

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1. Entity Name
FEMINIST SCHOLARSHIP FUND, INC.



Principal Place of Business
**7453 CHABLIS COURT
 BOCA RATON, FL 33433**

Mailing Address
**7453 CHABLIS COURT
 BOCA RATON, FL 33433**

2. Principal Place of Business
**550 SE HIZNER BLVD
 Suite, Apt. #, etc.
 # 510
 City & State
BOCA RATON FL
 Zip Country
33432 PALM BEACH FL**

3. Mailing Address
**550 SE HIZNER BLVD
 Suite, Apt. #, etc.
 # 510
 City & State
BOCA RATON
 Zip Country
33432 FL**

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
52-1933554

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JAFFE, SHEILA
 7453 CHABLIS COURT
 BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent
 Name **DIANA DAWSON**
 Street Address (P.O. Box Number is Not Acceptable)
**550 SE HIZNER BLVD
 # 510**
 City **BOCA RATON** FL Zip Code **33431**

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 *Sheila Jaffe* DATE **1/14/06**

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when remaining)

Filing Fee is **\$61.25**
 Due by **May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	SYHERYAN, LOUISE	
STREET ADDRESS	5877 GATESBY ST.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFE, SHEILA	
STREET ADDRESS	7453 CHABLIS CT	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALPERT, GLORIA	
STREET ADDRESS	8588 CASA DEL LAGO #D	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOAN	
STREET ADDRESS	2501 S. OCEAN BLVD #205	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUNEISEN, ELLEN	
STREET ADDRESS	222 N. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLIPEN, LINDA	
STREET ADDRESS	10921 LAKE FOREST PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33498	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARL SEIDENBERG	
STREET ADDRESS	2548 COO RUM BLVD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE CAPATI	
STREET ADDRESS	FLORIDA ATLANTIC UNIVERSITY WOMENS STUDIOS	
CITY-ST-ZIP	BOCA RATON FL 33431	
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 exemptions contained in Chapter 119, 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: *Diana Alpert* DATE **1/15/06** 561 482 4951

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR