

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712679

FILED
Apr 22, 2006
Secretary of State

Entity Name: GEORGE SIDNEY MILES SCHOLARSHIP FUND, INCORPORATED

Current Principal Place of Business:

585 N.W. 15TH CT.
BOCA RATON FLA, 33432

New Principal Place of Business:

8651 PALAMINO DR.
LAKE WORTH, FL 33467

Current Mailing Address:

585 N.W. 15TH CT.
BOCA RATON FLA, 33432

New Mailing Address:

8651 PALAMINO DRIVE
LAKE WORTH, FL 33467

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCDONALD, SAMUEL B
585 NW 15TH CT.
BOCA RATON, FL US

Name and Address of New Registered Agent:

MCDONALD, SAMUEL B
8651 PALAMINO DRIVE
LAKE WORTH, FL 33467 US

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.

SIGNATURE: SAMUEL B. MCDONALD

04/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCDONALD, SAMUEL B
Address: 585 N.W. 15TH CT.
City-St-Zip: BOCA RATON FLA, 33432

Title: DS () Delete
Name: HUDSON, ADDIE
Address: 1204 HAGEN RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: POMPEY, HATTIE R
Address: 1122 N.W. 2ND STREET
City-St-Zip: DELRAY BEACH, FL 33447

Title: D () Delete
Name: DAVIS, MAXINE B
Address: 501 S. MANGONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DAWSON, BETTY
Address: 4128 WABERLY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: BROWN, WILLIE L
Address: 815 21ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCDONALD, SAMUEL B
Address: 8651 PALAMINO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL B. MCDONALD

DP

04/22/2006

Electronic Signature of Signing Officer or Director

Date