2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # 713528



FILED Mar 22, 2004 8:00 am Secretary of State

LAKELAND				03-22-200	1 90033 023 ****	61.25	
	ROTARY CLUB SCHOLA	RSHIP FUND, INC.					
Principal Place of	Business	Mailing Address	O Ma				
SCHOLARSHIP FUND INC		SCHOLARSHIP FUND INC		54020668			
P.O. BOX 2171 LAKELAND FL 33805		P.O. BOX 2171 LAKELAND FL 33805		21080000			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number Applied For		or	
				59-0520288 Not Appl			
Zip	Country	Zip	Country	5. Certificate of Status D		3.75 Additional e Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of			
001.55			Name			_	
GOLDEN, FREDERIC O 922 E. PALMETTO ST.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33801							
			City	·	FL	Zip Code	
9 The above pan	med entity submits this statement for	or the purpose of changing its	registered effice as regis	placed exect as both in the Cit		oilian villa and a	
	s of registered agent.	or the purpose of changing its	registered office of regis	stered agent, or both, in the St	ne oi rionda. Tamian	mar with, and ac	cept
SIGNATURE —— Sign	nature, typed or printed name of registered agen	t and little if applicable. (NOT	E: Registered Agent signature req	uired when reinstating)	DATE		- '
	E NOW: FEE IS \$61.25		mpaign Financing	\$5.00 May Be	Make Check F	Payable to	A F
Due By May 1, 2004 Trust Fund Contributio			Contribution.	Added to Fees	Florida Departm		, d
10.	OFFICERS AND D					The second second second	
	OTTIOETIO AITO DI	RECTORS	11,	ADDITIONS/CHANGES TO	OFFICERS AND DIRE		
TITLE CO		RECTORS Delete	TITLE	ADDITIONS/CHANGES TO		CTORS IN 10	ddition
NAME CO STREET ADDRESS PO	OWLEY, WES O BOX 2171			ADDITIONS/CHANGES TO		CTORS IN 10	ddition
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NAME CO STREET ADDRESS PO CITY-ST-ZIP LAI	OWLEY, WES D BOX 2171 KELAND FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO		CTORS IN 10 Change A	ddition
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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.