


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 716676 1. Entity Name JOSEPH PATRICK DEEB MEMORIAL SCHOLARSHIP FUND INC.	
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Principal Place of Business 227 S. CALHOUN ST. P.O. BOX 391 TALLAHASSEE, FL 32302	Mailing Address 227 S. CALHOUN ST. P.O. BOX 391 TALLAHASSEE, FL 32302
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DO NOT WRITE IN THIS SPACE



06112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7028231	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AUSLEY, MARGARET B
227 S CALHOUN
TALLAHASSEE, FL 32302

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 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	SD AUSLEY, MARGARET B 227 S CALHOUN TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THORNBERRY, MARCIA DEEB 2510 CLINE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LONG, JOSEPH R M 3109 AVON CIRCLE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/14/04-80001-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/04

Date

Daytime Phone #

425-5491