2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 07, 2006 08:00 AM

ANNOAL REPORT					Secretary of State		
1. Entity Nar	PATRICK DEEB MEMORIAL	SCHOLARSHIP				y = 100000	
Principal Plac	ce of Business	Mailing Address		{			
227 S. CALF		PO BOX 391 TALLAHASSEE, FL 32302				BODIN BIYEK BUDIN BUDIN DITEK DISAKULI DE SEDI	
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כ	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb 23-702		CR2E037 (11/05) Applied Far	
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(<u></u>	og til kan an in Mag. Liga til 100 mm	5. Certificate	of Status Desired	Fee Required	
	8. Name and Address of Current R	egistered Agent	-		There is a grant of		
AUSLEY, 227 S CAI	MARGARET B	%		DO	NOT WI	RITE	
	SSEE, FL 32302			•	THIS SP		
				HM	iino ori	and the second s	
	named entity submits this statement for	he purpose of changing its registe	red office or register	ed agent, or bo	oth, in the State of Flori	ida. I am familiar with, and accept	
the oblige	tions of registered agent.						
}				•			
SIGNATURE.	Signature, typed or printed name of registered agent an	d tifle if applicable (NOTE: Register	ed Agent signstons required	when remataling)		DATE	
SIGNATURE	Signature, typed or printed name of repistered agent an Filling Fee Is \$61.25 Due by May 1, 2006	Chartest (NOTE: Register Chartest (NOTE: Register) Ch	ncing \$5.	.00 May Be ed to Fees		DATE	
SIGNATURE	Filing Fee is \$61.25	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be	11.000	DATE	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be		DATE	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D SD AUSLEY, MARGARET B	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be			
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be		0497362	
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D SD AUSLEY, MARGARET B 227 S CALHOUN TALLAHASSEE, FL 32301 D	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be			
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12. Thereby 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, 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:

NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR