2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State 03-17-2004 90020 044 ****61.25

DOCUMENT # 717172 1. Entity Name HALLANDALE COMMUNITY COUNCIL SCHLARSHIP FUND, INC.						200		03-17-2004		.,	
Principal Place of Business 1117 E. HALLANDALE BEACH BLVD., STE 5 HALLANDALE, FL 33009 US HALLANDALE, FL 33009					08						
2. Principal P	3. Mailing Address	idress									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02172004	Chg-NP	CR2EC	037 (10/03)	
City & State			City & State				4. FEI Numbe 23-708	7801			plied For t Applicable
Zip	Zip Country		Zip	Zip Cou			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
 	CYNTHIA		·•··		Name						
THIBBITTS, CYNTHIA 1117 E. HALLANDALE BEACH BLVD., STE 5 HALLANDALE, FL 33009					Street Address (P.O. Box Number is Not Acceptable)						
					City				FI	Zip Code	.
	riamed entitions of regis		or the purpose of changing i	its register	ed office or	register	ed agent, or bo	th, in the State of F	lorida. Lan	familiar with.	and accept
SIGNATURE											
	Signature, typed	d or printed name of registered agent	and title if applicable. (No	OTE: Registere	ed Agent signatu	re required	when reinstating)		DATE		
Filing Fee Is \$61.25 9. Election Campaign Fi Due by May 1, 2004 Trust Fund Contribution											
	-			,			\$5.00 May E Added to Fees	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		ck payable to intment of St	
10.	Due by N		Trust Fund	,	tion.	⊔ ———	Added to Fees	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	rida Depa	rtment of St	ate
10. IPLE NAME STREET ADDRESS CITY ST ZIP	SD HIBBITTS 1117 E. H	May 1, 2004	Trust Fand	11. TITU	tion.	⊔ ———	Added to Fees	Flo	rida Depa	rtment of St	ate
TREE MAME STREET ADDRESS	SD HIBBITTS 1117 E. H HALLAND VD GREAVE 20921 N.	May 1, 2004 OFFICERS AND DIE S, CYNTHIA J HALLANDALE BEACH E	Trust Fand	11. IIILI NAM STRE CITY TITLI NAM STRE	E AE EE1 ADDRESS (*-ST-ZIP	⊔ ———	Added to Fees	Flo	rida Depa	IRECTORS IN	ate 10
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indicated on this report of 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 accires, with all other like empowered.

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR