


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 717172 1. Entity Name HALLANDALE COMMUNITY COUNCIL SCHLARSHIP FUND, INC.	
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Principal Place of Business 1117 E. HALLANDALE BEACH BLVD., STE 5 HALLANDALE, FL 33009 US	Mailing Address 1117 E. HALLANDALE BEACH BLVD., STE 5 HALLANDALE, FL 33009 US
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

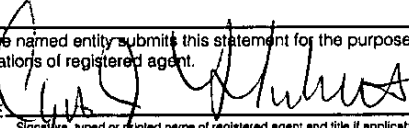
4. FEI Number 23-7087801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIBBITTS, CYNTHIA
1117 E. HALLANDALE BEACH BLVD., STE 5
HALLANDALE, FL 33009**

**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:  DATE: 3/16/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

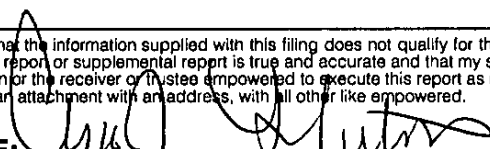
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIBBITTS, CYNTHIA J 1117 E. HALLANDALE BEACH BLVD., STE 5 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREAVES, JEFFREY H 1117 E HALLANDALE BEACH BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000673623
03/29/07-80036-015 61.25

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IN THIS SPACE**

12. I hereby 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 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:  DATE: 3/16/07 DAYTIME PHONE #: 954-518-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR