

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718629 (9)**

1. Corporation Name

**WILLIAM GROGAN SCHOLARSHIP FUND, INC.**



Principal Place of Business

Mailing Address

**2600 DOUGLAS ROAD  
STE. 911  
CORAL GABLES FL 33134**

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STE. 911  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**06/04/1970**

3a. Date of Last Report  
**12/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GREENFIELD, ALAN E  
2600 DOUGLAS ROAD  
STE. 911  
CORAL GABLES FL 33134**

4. FEI Number

**23-7242568**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LANGONE, GERALD**  
STREET ADDRESS **87-80 PARSONS BLVD**  
CITY-ST-ZIP **JAMAICA NY**

TITLE **SD** ☐ DELETE

NAME **GREENFIELD, ALAN E.**  
STREET ADDRESS **2300 DOUGLAS ROAD, STE. 911**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TD** ☐ DELETE

NAME **KIRKANE, WILLIAM**  
STREET ADDRESS **358 HOLLYWOOD AVENUE**  
CITY-ST-ZIP **DOUGLSTON NY**

TITLE **D** ☐ DELETE

NAME **TRENZ, RITA**  
STREET ADDRESS **150 MERLE AVENUE**  
CITY-ST-ZIP **OCEANSIDE NY**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**2600 Douglas Rd Ste 911**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GERALD LANGONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/96**  
Date

**718-291-0105**  
Daytime Phone #

CR2E037 (12/95)