


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT #760036	
1. Entity Name GEORGE SNOW SCHOLARSHIP FUND, INC.	

Principal Place of Business 998 S FED HWY STE 203 BOCA RATON, FL 33432 US	Mailing Address 998 S FED HWY STE 203 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE

03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2162597	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SNOW, TIMOTHY G 998 S FED HWY STE 203 BOCA RATON, FL 33432

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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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JONES, REXANN 1480 NW 13 AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC GOLDMAN, MICHAEL 2595 NW BOCA RATON BLVD, S-100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SNOW, TIMOTHY G 4661 NW 2 AVE #601 BOCA RATONCH, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STRAWN, JOEL T 54 N.E. 4TH AVE. DELRAY BCH., FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB ADAMS, SCOTT H 8000 N. FEDERAL HIGHWAY BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SNOW, JEFFREY E 781 SW 2ND STREET BOCA RATON, FL 33486

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04/22/05-80088-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Tim Snow	Date	(56) 347.6799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	