FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763608** **(7)**

1. Corporation Name

PATRICIA ROONEY MEMORIAL SCHOLARSHIP FUND, INC

Principal Place of Business	Mailing Address
7 CYPRESS COVE RD SE WINTER HAVEN FL 33884 US	7 CYPRESS COVE RD S.E. WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2914438 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

ROONEY, J.J.
5011 VARTY RD. S.E.
WINTER HAVEN FL 33880

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent's signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	GOLDEN, CAROL	12 NAME	
STREET ADDRESS	600-6TH STREET, S.E.	13 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	DUNSON, BARBARA J	22 NAME	
STREET ADDRESS	3270 CYPRESS GRDNS RD	23 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SOLDO, M J III	32 NAME	
STREET ADDRESS	145 LAKE OTIS RD	33 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BATES, SHARON	42 NAME	
STREET ADDRESS	9130 W LAKE RUBY DR	43 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	TUCKER, MICHAEL	52 NAME	
STREET ADDRESS	3429 FOX RIDGE ST SE	53 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SPANJERS, BERNADINE	62 NAME	
STREET ADDRESS	2100 CRUMP RD	63 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	64 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)(i), 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: Michael Tucker 01-13-95 (813)291-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael Tucker

0068761