


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763608 (7) 1. Corporation Name PATRICIA ROONEY MEMORIAL SCHOLARSHIP FUND, INC					
Principal Place of Business 7 CYPRESS COVE RD SE WINTER HAVEN FL 33884 US		Mailing Address 7 CYPRESS COVE RD SE WINTER HAVEN FL 33884 US		3. Date Incorporated or Qualified 06/08/1982	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2914438 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GOLDEN, CAROL				
STREET ADDRESS	600-6TH STREET, S.E.				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	DUNSON, BARBARA J				
STREET ADDRESS	3270 CYPRESS GRDNS RD				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BATES, SHARON				
STREET ADDRESS	9130 W LAKE RUBY DR				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	TUCKER, MICHAEL				
STREET ADDRESS	3429 FOX RIDGE ST SE				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SPANJERS, BERNADINE				
STREET ADDRESS	2100 CRUMP RD				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Michael Tucker</u> REQUIRED					



CR2E037 (10/97)