

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # F03000003103

1. Entity Name
THE BILL FELDMAN SCHOLARSHIP FUND, INC.



Principal Place of Business

**617 LINDEN AVENUE
NEWPORT, KY 41071**

Mailing Address

**617 LINDEN AVENUE
NEWPORT, KY 41071**



04222005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0572636

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTON, PATRICIA
4750 JAVELINE CIRCLE
MIDDLEBURG, FL 32068**

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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

Signature, typed or printed name of registered agent and title 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RODGERS, JIM
HQ, USEVCOM, CMR480, BOX 2631
APO, AE 091282631**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SIZEMORE, DAVID G
617 LINDEN AVENUE
NEWPORT, KY 41071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
WALTON, PATRICIA
4750 JAVELINE CIRCLE
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia Walton Patricia Walton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2005

Date

Daytime Phone #