

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90098 042 \*\*\*\*69.75

**DOCUMENT # F04000000436**

1. Entity Name  
**THE FSL SCHOLARSHIP FOUNDATION**



Principal Place of Business  
**301 EAST LAS OLAS BLVD., 7TH FLOOR  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**301 EAST LAS OLAS BLVD., 7TH FLOOR  
FT. LAUDERDALE, FL 33301**

**50011509**



2. Principal Place of Business  
**330 Seventh Ave 2FL**

3. Mailing Address  
**330 Seventh Ave 2FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

City & State  
**New York NY**

City & State  
**New York NY**

4. FEI Number  
**23-2618766**

Applied For  
Not Applicable

Zip  
**10001**

Country  
**US**

Zip  
**10001**

Country  
**US**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

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

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PATTERSON, REBECCA  
301 EAST LAS OLAS BLVD., 7TH FLOOR  
FT. LAUDERDALE, FL 33301** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Andrew Mills  
330 Seventh Ave 2FL  
New York, NY 10001** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
KNESTRICK, MARTY  
301 EAST LAS OLAS BLVD., 7TH FLOOR  
FT. LAUDERDALE, FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**330 Seventh Ave 2FL  
New York, NY 10001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LIGHTBURN, PETER  
301 EAST LAS OLAS BLVD., 7TH FLOOR  
FT. LAUDERDALE, FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**330 Seventh Ave 2FL  
New York, NY 10001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALFORD, SUZANNE  
301 EAST LAS OLAS BLVD., 7TH FLOOR  
FT. LAUDERDALE, FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**330 Seventh Avenue 2FL  
New York, NY 10001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Suzanne Walford* **Suzanne Walford**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/05 (212) 497-0050**  
Date Daytime Phone #