
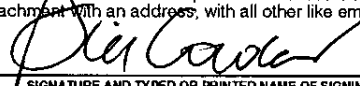


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| DOCUMENT # N00000004654   |   |  |  |   |  | FILED<br>04 APR 29 PM 4:33<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| 1. Entity Name<br>FSASE SCHOLARSHIP FOUNDATION, INC.  |   |  |  | Principal Place of Business<br>310 W COLLEGE AVE<br>TALLAHASSEE, FL 32301  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |  |
| City & State  |   |  |  | City & State   |  |  |  |
| Zip   |   | Country                                    |  | Zip  |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br>LABASKY, RONALD A<br>310 W COLLEGE AVE<br>TALLAHASSEE, FL 32301  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |   |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |  | <b>\$5.00</b> May Be<br>Added to Fees                                    |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GILL, SUSAN<br>120 N AOPKA AVE<br>INVERNESS, FL 34450                  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 600035734526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/07/04--01020--004 **\$61.25                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BRYANT, DONNA<br>330 N BEAUMONT AVE<br>KISSIMMEE, FL 34741             | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D BARBARA KIRKMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1417 S. ORANGE AV.<br>GREEN COVE SPRINGS, FL 32047 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LEPORE, THERESA<br>301 N OLIVE AVE, ROOM 105<br>W PALM BEACH, FL 33401 | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILLIAMS, ANNIE<br>20 N MAIN ST RM 165<br>BROOKSVILLE, FL 34601        | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>COWLES, BILL<br>119 KALEY ST.<br>ORLANDO, FL 32806                     | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CLEM, KAY<br>1846 25TH ST. STE 11-109<br>VERO BEACH, FL 32960          | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |   |  |  | Date: April 27, 2004   |  | Daytime Phone #: 407-254-6800  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |  |  |  |  |  |