

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007169

**FILED**  
**Feb 12, 2004**  
**Secretary of State****Entity Name:** JEAN WEIL SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**775 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114**New Principal Place of Business:****Current Mailing Address:**775 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114**New Mailing Address:****FEI Number:** 59-3678956**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GATES, JUSTIN  
775 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** BARNETTE, ROBERT  
**Address:** 241 SHULL AVENUE  
**City-St-Zip:** GAHANNA, OH 43230**Title:** D ( ) Delete  
**Name:** BROUSSARD, ALLEN  
**Address:** MARINE CORP JROTC OFF. 9115 FERN CREEK RD  
**City-St-Zip:** FERN CREEK, KY 402912799**Title:** D ( ) Delete  
**Name:** FOSTER, CAL  
**Address:** 22 WESTBROOK DRIVE  
**City-St-Zip:** HAMPTON, VA 23666**Title:** D ( ) Delete  
**Name:** GATES, JUSTIN  
**Address:** 775 FENTRESS BLVD.  
**City-St-Zip:** DAYTON BEACH, FL 32114**Title:** D ( ) Delete  
**Name:** MIKESELL, GREG  
**Address:** 1035 STIRRUP DRIVE  
**City-St-Zip:** SPRING BRANCH, TX 78070**Title:** D ( ) Delete  
**Name:** WILLIAM, KEITH  
**Address:** 2364 MOONLIGHT GLEN  
**City-St-Zip:** ESCONDIDO, CA 92026**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN L. GATES

D

02/12/2004

Electronic Signature of Signing Officer or Director

Date