

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001540

1. Entity Name
IFDF SCHOLARSHIP FOUNDATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 29 PM 2:42

Principal Place of Business
217 S ADAMS ST
TALLAHASSEE, FL 32301

Mailing Address
217 S ADAMS ST
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3758033 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MEYER, RONALD G ESQ
C/O MEYER & BROOKS, P.A.
2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301

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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, 2004**

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
C
ODOM, SAM
519 CATHCART AVE
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEAKINS, JOHN
125 BLUE RUN DR
DUNNELLON, FL 344329998

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILAM, ASHLEY
311 S MAIN ST
GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADKINS, ROBERT
P.O. BOX 10041
JACKSONVILLE, FL 322470041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACKS, RONNIE
100 BEVERLY PKWY
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIXON, M. JUHAN
217 S. ADAMS STREET
TALLAHASSEE, FL 32301

300028321003
02/06/04--01024--007 **61.25

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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 attached letterhead address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

850 222 2591

Daytime Phone #