## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001540

FILED Mar 25, 2005 Secretary of State

Entity Name: IFDF SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
217 S ADAMS ST TALLAHASSEE, FL 32301				119 EAST PARK AVE TALLAHASSEE, FL 32301	
Current M	lailing Addres	ss:	New Mailir	New Mailing Address:	
217 S ADAMS ST TALLAHASSEE, FL 32301				119 EAST PARK AVE TALLAHASSEE, FL 32301	
FEI Number: 59-3758033 FEI Number Applied For ( ) FEI			FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
C/O MEYE 2544 BLAIF TALLAHAS The above	ONALD G ESO R & BROOKS RSTONE PINE SSEE, FL 323 named entity : e of Florida.	, P.A. ES DR 01 US	ourpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF					
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	C ( ) ODOM, SAM 519 CATHCAR ORLANDO, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) DEAKINS, JOH 125 BLUE RUN DUNNELLON, F	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) MILAM, ASHLE 311 S MAIN ST GAINESVILLE,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ADKINS, ROBE P.O. BOX 1004		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) MACKS, RONN 100 BEVERLY PENSACOLA, F	PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) MIXON, M. JUH 217 S. ADAMS TALLAHASSEE	STREET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SCHEFF, JAN 119 EAST PARK AVE TALLAHASSEE, FL 32301	

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: JAN SCHEFF D 03/25/2005