


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N01000001542	
1. Entity Name FLORIDA MINERALS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.	

Principal Place of Business 1101 N. MADISON ST. QUINCY, FL 32351	Mailing Address 1101 N. MADISON ST. QUINCY, FL 32351
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3714893	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

MIHALIK, DAVID P
 6359 SAN MARTIN CT.
 TALLAHASSEE, FL 32312

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

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	DS NIX, SHERRI 1101 N. MADISON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOEPE, JON 59 SARASOTA CENTER BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BATTS, MIKE 2916 E PARK AVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIHALIK, DAVID 1101 N MADISON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONG, STEVEN W 800 FAIRWAY DR, STE 3540 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000760285
 05/25/07-80005-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 4/30/07 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR