2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# N01000007790

Entity Name: JACQUELINE A. BROWNE MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

63 WELLSTREAM LANE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

63 WELLSTREAM LANE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-3706515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYNES, JOYCE
7 COVENTRY PLACE
PALM COAST, FL 32137

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:	P	( ) Delete
Name:	BROWNE, JUDITH A	
Address:	9707 SUMMIT CIRCLE, 3B	
City-St-Zip:	LARGO, MD 20774	
Title:	VT	( ) Delete
Name:	AVERY, JANET A	
Address:	14404 JONES BRIDGE RD	
City-St-Zip:	BOWIE, MD 20721	
Title:	S	( ) Delete
Name:	HAYNES, LISA J	
Address:	8603 LARK PL	
City-St-Zip:	LAUREL, MD 20724	
Title:	D	( ) Delete
Name:	PHILLIPS, ANNE	
Address:	2 FELTON PL	
City-St-Zip:	PALM COAST, FL 32137	
Title:	D	( ) Delete
Name:	HAYNES, JOYCE	
Address:	7 COVENTRY PL	
City-St-Zip:	PALM COAST, FL 32137	

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:	

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: JANET A. AVERY VT 07/13/2004

Electronic Signature of Signing Officer or Director — Date