


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

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000408 1. Entity Name PENNY DUTEAU SCHOLARSHIP FUND, INC.	
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Principal Place of Business 916 US HIGHWAY 41 SOUTH INVERNESS, FL	Mailing Address 916 US HIGHWAY 41 SOUTH INVERNESS, FL
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 61-1412563	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUTEAU, MARIA R 916 US HIGHWAY 41 SOUTH INVERNESS, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	D DUTEAU, MARIA R 109 HUNTING LODGE DRIVE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPER, SUSAN 2254 COACHMAN ROAD SPRINGHILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAIR, JUDY POST OFFICE BOX 86 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, CHARLES S 285 S NESBIT TERRACE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTEAU, JOLYNN 4926 STOLLS AVENUE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000149839
05/03/04-80202-025 61.25

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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 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: Maria R Duteau D 4/28/04 952 3444460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #