


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000000694  
 1. Entity Name  
 FPEA SCHOLARSHIP FUND, INC.



Principal Place of Business      Mailing Address  
 170 12TH ST NE      P.O. BOX 110153  
 NAPLES, FL 34120      NAPLES, FL 34108

**DO NOT WRITE IN THIS SPACE**



03062005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 01-0628759      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MASON, DONIELLE  
 644 SE FOURTH AVE  
 FT LAUDERDALE, FL 33301

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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, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRUMBINE, MARCY
STREET ADDRESS	170 12TH ST NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	D
NAME	PRENTICE, JAN
STREET ADDRESS	10335 NW 5TH AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	HANCOCK, MONTE F
STREET ADDRESS	406 DARTMOUTH AVENUE WEST
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	FREEMAN, BILL
STREET ADDRESS	P.O. BOX 593
CITY-ST-ZIP	WALDO, FL 32894
TITLE	D
NAME	BOGLIOLI, LOUIS
STREET ADDRESS	597 SE CROSSPOINT DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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00000368984  
 06/03/05-80006-DU8 70.00

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: Marcy Krumbine      3/10/05      239-353-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #