


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90067 027 ****70.00

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DOCUMENT # N02000000694					
1. Entity Name FPEA SCHOLARSHIP FUND, INC.					
Principal Place of Business 170 12TH ST NE NAPLES, FL 34120		Mailing Address P.O. BOX 110153 NAPLES, FL 34108			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0628759	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent MASON, DONIELLE 644 SE FOURTH AVE FT LAUDERDALE, FL 33301				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				03172007 Chg-NP CR2E037 (12/06)	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KRUMBINE, MARCY	NAME	Donielle Mason		
STREET ADDRESS	170 12TH ST NE	STREET ADDRESS	8321 NW 8th Court		
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	Plantation, Fl. 33324		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRENTICE, JAN	NAME	John Kernohan		
STREET ADDRESS	10335 NW 5TH AVE	STREET ADDRESS	2700 N. 29th Ave #205		
CITY-ST-ZIP	MIAMI, FL 33150	CITY-ST-ZIP	Hollywood, Fl. 33020		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	HANCOCK, MONTE F	NAME			
STREET ADDRESS	406 DARTMOUTH AVENUE WEST	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	FREEMAN, BILL	NAME			
STREET ADDRESS	P.O. BOX 593	STREET ADDRESS			
CITY-ST-ZIP	WALDO, FL 32894	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Jan Prentice</i>		Jan Prentice - Treasurer		3/17/07 305-756-8198	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Cell 305-336-0192