


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90018 019 \*\*\*\*70.00

**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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04122008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**01-0628759**

Applied For  
 Not Applicable

Zip Country

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**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRUMBINE, MARCY	
STREET ADDRESS	170 12TH ST NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRENTICE, JAN	
STREET ADDRESS	10335 NW 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, MONTE F	
STREET ADDRESS	406 DARTMOUTH AVENUE WEST	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, BILL	
STREET ADDRESS	P.O. BOX 593	
CITY-ST-ZIP	WALDO, FL 32894	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, DONIELLE	
STREET ADDRESS	8321 NW 8TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KERNOHAN, JOHN	
STREET ADDRESS	2700 N. 29TH AVE #205	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Jan Prentice* **Jan Prentice, Treas. 4/11/08 305-336-0192**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #