

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

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003259

1. Entity Name
GENE ALLEN MEMORIAL SCHOLARSHIP FUND, INC.



Principal Place of Business
3355 SE 44TH AVE.
OKEECHOBEE, FL 34972

Mailing Address
3355 SE 44TH AVE.
OKEECHOBEE, FL 34972



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0788120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEESE, SAMUEL G
3355 SE 44TH AVE.
OKEECHOBEE, FL 34972

**DO NOT WRITE
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

Samuel G. Neese III

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-1-05

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEESE, SAMUEL G III
3355 SE 44TH AVE.
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCDUFFIE, LARISSA
1100 SE 5TH ST.
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLEN, CAMERON G
917 NW 3RD ST.
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLEN, BILLY DON
509 NW 16TH ST.
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000268821
10/18/05-80059-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

Samuel G. Neese III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 863-763-1598

Date

Daytime Phone #