


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # N02000003259</b> 1. Entity Name <b>GENE ALLEN MEMORIAL SCHOLARSHIP FUND, INC.</b>		
Principal Place of Business <b>3355 SE 44TH AVE. OKEECHOBEE, FL 34972</b>	Mailing Address <b>3355 SE 44TH AVE. OKEECHOBEE, FL 34972</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<b>6. Name and Address of Current Registered Agent</b>  <b>NEESE, SAMUEL G 3355 SE 44TH AVE. OKEECHOBEE, FL 34972</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
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	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>12.</b> 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.		
<b>SIGNATURE:</b> <i>Paul Neese</i>		<i>1-17-06 863-467-1598</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>55-0788120</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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01/27/06-80011-025 61.25