


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004371</b>	
1. Entity Name DR. ROBERTO BARRAGAN, JR. SCHOLARSHIP ORGANIZATION, INC.	

Principal Place of Business 7645 STATE ROAD 207 SPUDS, FL 32145	Mailing Address PO BOX 637 HASTINGS, FL 32145
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0727132	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORR, CHERI D  
% BETHUNE-COOKMAN COLLEGE  
7645 STATE ROAD 207  
SPUDS, FL 32145

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, WILE MAE 1400 HIGH STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOOTRY, RUSSELL DR 810 GROVE AVENUE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORR, CHERIE D 54 WEST RIDGE LANE PALM COAST, FL 321647742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, REBECCA J 4510 ROYAL ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000358669  
05/04/05-80124-013 70.00

**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 all other like empowered.

**SIGNATURE:** Cheri D. Orr **Cheri D. Orr** 4-18-05 904-692-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #