

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005334

1. Entity Name

**THE TALLAHASSEE MILITARY OFFICERS ASSOCIATION
SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business

**4044 ROSCREA DR
TALLAHASSEE, FL 32309**

Mailing Address

**4044 ROSCREA DR
TALLAHASSEE, FL 32309**



01072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

30-0180141

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEGRAW, ALLEN
4044 ROSCREA DR
TALLAHASSEE, FL 32309**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEGRAW, ALLEN
STREET ADDRESS	4044 ROSCREA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	DAVIS, KEN W
STREET ADDRESS	2801 WOODSIDE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	CHRISTY, EARL B JR
STREET ADDRESS	3163 SHAMROCK E
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	POLLACK, ARNOLD
STREET ADDRESS	3465 CEDAR LN DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	GRANT, HAROLD
STREET ADDRESS	2675 OX BOTTOM HILL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	SNYDER, NEIL
STREET ADDRESS	2557 BISHOPS GREEN TR
CITY-ST-ZIP	TALLAHASSEE, FL 32312

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02/12/04-80088-013 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 all other like empowered.

SIGNATURE: ALLEN DEGRAW /s/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 2004 800-813-6181

Date

Daytime Phone #

ch 101
20/004