
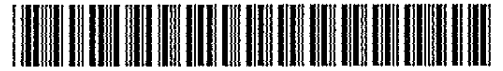


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02945 1. Entity Name THE STEVE SELF MEMORIAL SCHOLARSHIP FUND, INC.	
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Principal Place of Business P O BOX 2029 LAKE CITY, FL 32056	Mailing Address P O BOX 2029 LAKE CITY, FL 32056
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01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2411126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEIBFRIED, KEITH C.  
326 WESTMORELAND  
LIVE OAK, FL 32060

**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 \_\_\_\_\_ 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, 2006**

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

1100000553741  
05/15/06-80065-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEIL, IRENE RT 1, BOX 411 LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIBFRIED, KEITH C. 326 WESTMORELAND AVE. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAUGHTER, TINA F. 631 SUWANNEE AVENUE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POSEY, STANLEY 971 PINEVIEW CIRCLE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Keith C. Leibfried Keith C. Leibfried 4/26/06 386-755-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #