


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N02945
 1. Entity Name
THE STEVE SELF MEMORIAL SCHOLARSHIP FUND, INC.



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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02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2411126	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
 LEIBFRIED, KEITH C.
 326 WESTMORELAND
 LIVE OAK, FL 32060

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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	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	

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 03/21/08-80026-006 61.25

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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 officers empowered.

SIGNATURE:  **Keith C. Leibfried** **2/25/08** **386-755-0600**

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