

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02945

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** THE STEVE SELF MEMORIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

4705 W U.S. HWY 90  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2029  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 59-2411126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEIBFRIED, KEITH C.  
326 WESTMORELAND  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEIL, IRENE  
Address: RT 1, BOX 411  
City-St-Zip: LIVE OAK, FL

Title: TD  
Name: LEIBFRIED, KEITH C.  
Address: 326 WESTMORELAND AVE.  
City-St-Zip: LIVE OAK, FL

Title: SD  
Name: SLAUGHTER, TINA F.  
Address: 631 SUWANNEE AVENUE  
City-St-Zip: LIVE OAK, FL

Title: CD  
Name: POSEY, STANLEY  
Address: 971 PINEVIEW CIRCLE  
City-St-Zip: LIVE OAK, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH C. LEIBFRIED

TREA

03/22/2011

Electronic Signature of Signing Officer or Director

Date