

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000395

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** DR. INA L. DALRYMPLE SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

6060 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6060 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALRYMPLE, DENISE  
6060 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068 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 ( ) Delete  
Name: DALRYMPLE, DENISE  
Address: 12046 NW 49TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VD ( ) Delete  
Name: DALRYMPLE, LAWRENCE JR.  
Address: 12046 NW 49TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: SD ( ) Delete  
Name: DALRYMPLE, LAWRENCE SR.  
Address: 12046 NW 49TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENISE DALRYMPLE

P

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date