





# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90072 029 \*\*\*\*61.25

DOCUMENT # N03000001605					
<b>1. Entity Name</b> THE MATT BELL COURAGE SCHOLARSHIP, INCORPORATED					
<b>Principal Place of Business</b> 30 S SPRING ST ST PETERSBURG, FL 32501			<b>Mailing Address</b> P.O. DRAWER 1271 PENSACOLA, FL 32596		
<b>2. Principal Place of Business</b> 213 Palafox Place		<b>3. Mailing Address</b> P.O. Box 1312			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL			
Zip 32502		Country Escambia		4. FEI Number 20-0142696	
Zip 32591		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> CONDON, A.G. JR 30 S SPRING ST ST PETERSBURG, FL 32501			<b>7. Name and Address of New Registered Agent</b> Name Janet Holley Street Address (P.O. Box Number is Not Acceptable) 213 Palafox Place City Pensacola FL Zip Code 32591		
<b>8.</b> 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  <small>Signature, typed or printed name of registered agent and date if applicable.</small>		Janet Holley, Secretary/Treasurer 4/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, BRUCE 5838 GRANDE LAGOON BLVD PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE XX Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KEITH L 1517 N 9 AVE PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V XX Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDON, A.G. JR 30 S SPRING ST ST PETERSBURG, FL 32501	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDON, THOMAS F 125 S ALEANIZ ST ST3 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P XX Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, JANET 213 S PALAFOX ST PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T XX Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ROBBY 5508 NORTH W ST PENSACOLA, FL 32505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XX Change <input type="checkbox"/> Addition	
<b>12.</b> I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered.					
<b>SIGNATURE:</b> 		Janet Holley		4/1/04 (850) 438-6500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	