


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004406 1. Entity Name VICKI COCEANO SCHOLARSHIP FUND FOR MIRAMAR HIGH SCHOOL, INCORPORATED	
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Principal Place of Business 3240 CORPORATE WAY MIRAMAR, FL 33025	Mailing Address 3240 CORPORATE WAY MIRAMAR, FL 33025
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02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3693315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLEDGE, ALLAN
3240 CORPORATE WAY
MIRAMAR, FL 33025**

**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 *Allan Milledge, Treasurer* 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, 2005**

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

000000215504
02/05/05-R0011-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, SALLIE L 2740 HURON WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, NANCY 9301 BELAIRE DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCEANO, VICKI 2438 SW 103RD WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMSTEAD, SUE 9261 N. CYPRESS CIRCLE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLEDGE, ALLAN 3240 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, SALLIE L 3240 CORPORATE WAY MIRAMAR, FL 33025

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Allan Milledge, Treasurer* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR