## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006576

FILED Jan 29, 2004 Secretary of State

Entity Name: FRAZIERS BOOKS SCHOLARSHIP FUND, INC.

Entity Name. FRAZIER	S BOOKS SCHOLARSHIP FUN	D, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
P O BOX 6124 TALLAHASSEE, FL 323	14				
Current Mailing Address:		New Maili	New Mailing Address:		
P O BOX 6124 TALLAHASSEE, FL 323	14				
FEI Number: 59-3712355	mber: 59-3712355 FEI Number Applied For() FEI Nur		icable ( ) Certificate of St	tatus Desired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
JONES, LYNN 22 EYRIE DRIVE CRAWFORDVILLE, FL	32327 US				
The above named entity s in the State of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or register	red agent, or both,	
SIGNATURE:					
Electror	ic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: ( ) Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	MISS () Change (X) Addi JONES, LELA 3211 NOTRE DAME STREET TALLAHASSEE, FL 32310	tion	
Title: ( ) Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	MRS () Change (X) Addi JONES, LYNN F PRESIDE 22 EYRIE DRIVE CRAWFORDVILLE, FL 32327 U		

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: LYNN JONES PRES 01/29/2004