

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010540

FILED
Apr 17, 2005
Secretary of State

Entity Name: ZAC JARZYNSKA MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2375 TURNBERRY DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2375 TURNBERRY DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-0546868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLUZZO, JOHN D ESQ.
6500 SOUTH HIGHWAY 17-92
FERN PARK, FL 32730 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: D () Delete
Name: JARZYNSKA, TOM
Address: 2375 TURNBERRY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LACICH, DAN
Address: 1010 MAGEE COURT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: JARZYNSKA, MELINDA
Address: 2375 TURNBERRY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LOUGEE, LINDA
Address: 1838 CARILLON DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: DALLARI, ROBERT
Address: 1037 SUGARBERRY TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HAYNE, JAMIE
Address: 632 LONG LAKE DRIVE
City-St-Zip: OVIEDO, FL 32765

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:

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: TOM JARZYNSKA

D

04/17/2005

Electronic Signature of Signing Officer or Director

Date