2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 08, 2005 8:00 am
Secretary of State

03-04-2005 90083 048 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000002828

1. Entity Name

ANTONIO(TONY) SLEDD SCHOLARSHIP FUND INC

Principal Place of Business	Mailing Address
3919 AMERICANA DR. TAMPA FL 33634 US	3919 AMERICANA DR. TAMPA FL 33634 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0862210 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUEROA, NORMA 14314 CAPITOL DR. TAMPA FL 33613	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Norma Figueroa 4/5/05

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAYES, DIANE	NAME	
STREET ADDRESS	3919 AMERICANA DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHBY, ROSEMARY	NAME	
STREET ADDRESS	814 PROCLAMATION DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	CITY-ST-ZIP	
TITLE	BM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AWAD, DALIA	NAME	
STREET ADDRESS	803 PARSONS POINTE ST.	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	TR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, MEGAN	NAME	
STREET ADDRESS	17408 GUNN HWY	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	
TITLE	SEC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GILES, MARY	NAME	
STREET ADDRESS	17606 WILLOW POND DR.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP	
TITLE	BM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARRIS, PATRICIA	NAME	
STREET ADDRESS	909 SAGO PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	CITY-ST-ZIP	

12. 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 like empowered.

SIGNATURE: Norma Figueroa / Norma Figueroa 3/1/05 972-2000 x6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #