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CENTRAL NEW TESTAMENT

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/2/2005 90548 047-60125-61-25

FILED

2005 OCT 21 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#2014334

REINSTATEMENT

05

DOCUMENT # N04000004006			
1. Entity Name REV. DR. GUY S. NOTICE SCHOLARSHIP FUND, INC.			
Principal Place of Business 4425 N POWERS DR ORLANDO, FL 32818		Mailing Address 4425 N POWERS DR ORLANDO, FL 32818	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent SIPLIN, GARY A GARY SIPLIN & ASSOCIATES, PA 5020 SILVER STAR RD - STF R ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 Signature, typed or printed name of registered agent and title if applicable (Delete - Registered Agent signature required when rechartering)			
Filing Fee is \$61.25 Due by May 1, 2005		10. Election Campaign Financing Fund Fund Contribution ☐ \$5.00 May be Added to Fees	
		Make check payable to Florida Department of State	
TO: OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD NOTICE, GUY S 850 PALM OAK DR APOPKA, FL 32712	1.1 Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD ROSE, LEOERT ROGER 441 LAKE JOHN DR OCOCHEE, FL 34761	1.1 Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SAMUELS, DELORES 770 HYACINTH LN ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	TD DALE, LORAIN 7169 STEPHIE LN ORLANDO, FL 32818	1.1 Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 130.02(1)(c), Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath by me as 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 as changed, or on an attachment with my address, with all other like companies.			
SIGNATURE: <i>Loraine Y. Dale</i>		4/30/05 407-648-8766	
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE Loraine Y. Dale Treasury		Date	

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SOLDOUT2CHRIST, Inc.

Accounting & Consulting Services

P.O. Box 536872
Orlando, FL 32853
Tel: 407-648-8766
www.soldout2christ.com

October 14, 2005

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Subject: Rev. Dr. Guy S. Notice Scholarship Fund, Inc. (N04000004006)

To Whom It May Concern:

Unfortunately, we did not receive a notification from you requesting the additional information for filing the annual report. However, attached is the additional information needed, please reinstate the above nonprofit organization at our request.

If you need additional information, please call us at 407-648-8766.

Sincerely,



Demetrius Lockwood Crane
President/CEO
Soldout2Christ, Inc.