

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011664

FILED
Feb 15, 2005
Secretary of State

Entity Name: JASON CHEHOVA MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2085 NORTHWEST 103RD TERRACE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

2085 NORTHWEST 103RD TERRACE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 09-8503846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRANTZ, HELEN
2085 NORTHWEST 103RD TERRACE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

KRANTZ, HELEN MRS.
2085 NORTHWEST 103RD TERRACE
CORAL SPRINGS, FL 33071 US

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: HELEN KRANTZ

02/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRANTZ, HELEN
Address: 2085 NORTHWEST 103RD TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: SPIEGEL, PETER
Address: 10933 NORTHWEST 12TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: CHEHOVA, JAIME
Address: 2085 NORTHWEST 103RD TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHEHOVA, JAIME L
Address: 2085 NORTHWEST 103RD TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

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: HELEN KRANTZ

D

02/15/2005

Electronic Signature of Signing Officer or Director

Date