


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90042 020 ***150.00

DOCUMENT # N05000010182 1. Entity Name MARY D. LOWERY SCHOLARSHIP FUND, INC.	
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Principal Place of Business 317 SUMMIT DR. DESTIN, FL 32541	Mailing Address 317 SUMMIT DR. DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3337013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SWEENEY, JEAN
317 SUMMIT DR.
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SWEENEY, JEAN 317 SUMMIT DR. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAMLETT, EVELYN 344 CORAL DR. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC LOWERY, GEORGE F III 344 CORAL DR. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jean Sweeney Jean Sweeney 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #