

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008481

FILED
May 03, 2010
Secretary of State

Entity Name: FLORIDA MATHEMATICS SCHOLARSHIPS FOUNDATION INC.

Current Principal Place of Business:

1105 SW 81ST DR
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

1105 SW 81ST DR
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TONEVA, MARIYA K
1105 SW 81ST DR
GAINESVILLE, FL 32607 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CH
Name: TONEVA, MARIYA K
Address: 1105 SW 81ST DR
City-St-Zip: GAINESVILLE, FL 32607 US

Title: P
Name: ROSS, ELI H
Address: 1104 MOR BIHAN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DRCT
Name: SIMON, MARK D
Address: 10218 SW 13TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: DRCT
Name: ZHENG, RAN
Address: 8211 SW 51ST RD
City-St-Zip: GAINESVILLE, FL 32608

Title: DRCT
Name: HO, GRANT D
Address: 1640 FLANDPIPER CIR
City-St-Zip: WESTON, FL 33327

Title: DRCT
Name: JIA, WEI
Address: 8211 SW 51ST RD
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: ELI H. ROSS

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05/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date