FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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[illegible] STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21592 (3)

1. Corporation Name

DENNIS K. MULLIGAN SCHOLARSHIP FUND, INC.

Principal Place of Business

C/O LINDA SHREWSBURY, ESE
7227 LAND O'LAKES BLVD
LAND O'LAKES FL 34639
US

Mailing Address

7227 LAND O LAKES
ESE DEPT
LAND O LAKES FL 34639
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1987

3a. Date of Last Report: 01/28/1994

4. FEI Number: 59-3077762 — Applied For / Not Applicable

2. Principal Place of Business
21 Pasco County School Board
Suite, Apt #, etc
22 ESE Dept
City & State
23 Land O'Lakes
Zip 24 34639 Country 25 USA

2a. Mailing Address
26 7227 Land O'Lakes Blvd
Suite, Apt #, etc
27
City & State
28 Florida
Zip 29 Country 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHREWSBURY, LINDA B.
7227 LAND O LAKES BLVD
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHREWSBURY, LINDA B.	12 NAME	
STREET ADDRESS	7227 LAND O LAKES BLVD	13 STREET ADDRESS	
CITY, ST, ZIP	LUTZ FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BECKER, G. MORGAN	22 NAME	
STREET ADDRESS	7227 LAND O LAKES BLVD	23 STREET ADDRESS	
CITY, ST, ZIP	LAND O LAKES FL	24 CITY, ST, ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, STACY	32 NAME	
STREET ADDRESS	7227 LAND O LAKES BLVD	33 STREET ADDRESS	
CITY, ST, ZIP	LAND O'LAKES FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PANTRIDGE, OMA M.	42 NAME	
STREET ADDRESS	7227 LAND O LAKES BLVD	43 STREET ADDRESS	
CITY, ST, ZIP	LUTZ FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BERRY, SONIA	52 NAME	
STREET ADDRESS	7227 LAND O LAKES BLVD	53 STREET ADDRESS	
CITY, ST, ZIP	LAND O LAKES FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: Linda B. Shrewsbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-95
Date

9-29-26-00
Daytime Phone #

0066839