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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N21592 (3)
1. Corporation Name

DENNIS K. MULLIGAN SCHOLARSHIP FUND, INC.



Principal Place of Business

Mailing Address

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

7227 LAND O LAKES
ESE DEPT
LAND O LAKES FL 34639-2826
US

2. Principal Place of Business

21 C/O Ken Miesner, ESE

Suite, Apt. #, etc.

22 City & State

23 Land O Lakes FL

24 Zip 34639

Country US

2a. Mailing Address

26 7227 Land O Lakes Blvd

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified
07/16/1987

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3077762

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMAN, MICHELLE K
7227 LAND O LAKES BLVD
LAND O LAKES FL 34639

81 Name Ken Miesner

82 Street Address (P.O. Box Number is Not Acceptable)
7227 Land O Lakes Blvd.

83

84 City Land O Lakes

FL

85 Zip Code 34639

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ROMAN, MICHELLE
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LUTZ FL 34639

TITLE VD ☐ DELETE

NAME SHREWSBURY, LINDA B
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE STD ☐ DELETE

NAME BERRY, SONIA
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE D ☐ DELETE

NAME PANTRIDGE, OMA M.
STREET ADDRESS 7227 LAND O LAKES BLVD
CITY-ST-ZIP LUTZ FL 34639

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition

1.2 NAME Miesner, Kenneth
1.3 STREET ADDRESS 7227 Land O Lakes Blvd.
1.4 CITY-ST-ZIP Land O Lakes FL 34639

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)