

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40029

FILED
Jan 20, 2005
Secretary of State

Entity Name: PALM CITY SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

770 SW 34TH STREET
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 345
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0219894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, HENRY
826 SW ALL AMERICAN BLVD
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: P () Delete
Name: HILDERBRANDT, JANE
Address: 2084 MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: RINKOWSKI, ROCHE
Address: 2671 SW GREENWICH WAY
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: CHAMBERLAIN, HENRY
Address: 826 SW ALL AMERICAN BLVD
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: SMITH, KATHI
Address: 3330 SW ST LUCIE SHORES
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: BANFIELD, DOROTHY
Address: 3756 MARGOLO LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: BECKER, PAULINE
Address: 518 HIDDEN RIVER AVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MORROW, WWILLIAM
Address: 2400 NE INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

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

Title: S (X) Change () Addition
Name: SMITH, KATHIE
Address: 3330 SW ST LUCIE SHORES
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: ECCHIO, MARIA
Address: 2145 SE MAPP RD
City-St-Zip: PALM CITY, FL 34990

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

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: HENRY CHAMBERLAIN

T

01/20/2005

Electronic Signature of Signing Officer or Director

Date