

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 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 # N42162 (0)**  
1. Corporation Name

**THE HARRY CHIPCHASE SCHOLARSHIP FUND, INC.**



Principal Place of Business      Mailing Address  
**209 JULIA STREET  
KEY WEST FL 33040**      **209 JULIA STREET  
KEY WEST FL 33040-7552**

<b>3. Date Incorporated or Qualified</b> 02/18/1991	<b>3a. Date of Last Report</b> 05/01/1996
<b>4. FEI Number</b> 65-0357972	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**9. Name and Address of Current Registered Agent**

**BUTLER, ROBERT  
209 JULIA STREET  
KEY WEST FL 33040**

**10. Name and Address of New Registered Agent**

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

**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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUTLER, ROBERT</b>
STREET ADDRESS	<b>209 JULIA STREET</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JAMES, NORICE</b>
STREET ADDRESS	<b>414 VIRGINIA STREET</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BUTLER, ROBINETTE</b>
STREET ADDRESS	<b>1009 FORT ST. APT 11-B</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANDS, ROOSEVELT JR.</b>
STREET ADDRESS	<b>311 CROSS STREET</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOPEZ, CLAYTON</b>
STREET ADDRESS	<b>1202 WHITEHEAD STR</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>POLLARD, VERONICA</b>
STREET ADDRESS	<b>720 THOMAS ST.</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

**SIGNATURE:**      **SIGNATURE REQUIRED** *Robert Butler 2/12/97*      Date      Daytime Phone # 0024617

CR2E037 (9/96)