FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #Corporation Name

N42162

THE HARRY CHIPCHASE SCHOLARSHIP FUND. INC.

Principal Place of Business Mailing Address 209 JULIA STREET KEY WEST FL 33040 209 JULIA STREET 3. Date Incorporated or Qualified KEY WEST FL 33040 02/18/1991 4. FEI Number Applied For 65-0357972 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 ☐ Yes ☐ No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUTLER, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 209 JULIA STREET 83 KEY WEST FL 33040 ₿4 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change Addition NAME **BUTLER. ROBERT** 1.2 NAME STREET ADDRESS 209 JULIA STREET 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Addition TITLE DELETE 2.1 TITLE ☐ Change JAMES, NORICE NAME 2.2 NAME 414 VIRGINIA STREET STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZW KEY WEST FL 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **BUTLER, ROBINETTE** NAME 3.2 NAME STREET ADDRESS 1009 FORT ST. APT 11-B 3.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition SANDS, ROOSEVELT JR. NAME 4 2 NAME **311 CROSS STREET** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 4.4 City-St-ZIP DELETE TITLE 5.1 TITLE Addition LOPEZ, CLAYTON NAME 5.2 NAME 1202 WHITEHEAD STR STREET ADDRESS 5.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition POLLARO, VERONICA 6.2 NAME 720 THOMAS ST. STREET ADDRESS 6.3 STREET ADDRESS KEY WEST FL 33040 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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:

FILED

Apr 27 1998 8:00am

Secretary of State