2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N42162 1. Entity Name THE HARRY CHIPCHASE SCHOLARSHIP FUND, INC.								04-13-200)5 90055 ()30 **** <i>6</i>	51.25		
Principal Place of Business 209 JULIA STREET KEY WEST, FL 33040			209	Mailing Address 209 JULIA STREET KEY WEST, FL 33040									
2. Principal Place of Business		3. Mail	3. Mailing Address										
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				03242005	Chg-NP	CR2E0	37 (10/03)			
City & State		City	City & State				4. FEI Numbe 65-0357				pplied For lot Applicable		
Zip	Zip Country		Zip	Zip Cou		ntry		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of Nev	w Registered	Agent		
BUTLER, ROBERT 209 JULIA STREET				L			Street Address (P.O. Box Number is Not Acceptable)						
KEY WES	T, FL 330	40											
						City				FL	Zip Cod	de	
8. The above the obligat	named entity tions of regist	y submits this statement f ered agent.	or the purpo	ose of changing its	register	ed office or re	egistere	ed agent, or both	n, in the State of	Florida. I am	familiar with	, and accept	
SIGNATURE .													
	Signature, typed	or printed name of registered agen	t and title if appl	icable. (NOTE	: Registere	Agent signature	required:	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.									
	_						ָ נ	\$5.00 May Be Added to Fees	F	Make chec lorida Depa			
10.	Due by M		RECTORS	Trust Fund (Contribut	on.	<u> </u>	\$5.00 May Be Added to Fees DDITIONS/CHA	F	lorida Depa	RECTORS II	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	OFFICERS AND D ROBERT A STREET	RECTORS		11. TITLE NAM STRE	on.	<u> </u>	Added to Fees	F	lorida Depa	rtment of S	State	
TITLE NAME STREET ADDRESS	D BUTLER, 209 JULIA KEY WES D JAMES, N	OFFICERS AND D ROBERT A STREET IT, FL IORICE INIA STREET	IRECTORS	Trust Fund (11. TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS	<u> </u>	Added to Fees	F	lorida Depa	RECTORS II	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUE by NO BUTLER, 209 JULIA KEY WES D JAMES, N 414 VIRG KEY WES T BUTLER,	OFFICERS AND D ROBERT A STREET IT, FL IORICE INIA STREET IT, FL ROBINETTE MAST APT 5-C	IRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	<u> </u>	Added to Fees	F	lorida Depa	RECTORS II Change Change	State N 10 Addition	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or supplemental 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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/05

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