

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42262

FILED
Apr 07, 2005
Secretary of State

Entity Name: PAUL A. NUZZO MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

523 ERIE AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

523 ERIE AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3058026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 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: PD () Delete
Name: NUZZO, JAMES S.,
Address: 523 REIE AVE.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: NUZZO, REGINA L
Address: 523 REIE AVE.
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: GIUNTA, SAM A.,
Address: 3302 AZEELE ST.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: COCK, DEBORAH,
Address: 523 ERIE AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: YOUNG, JAMES S
Address: 114 BARRINGTON DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JAMES S. NUZZO

DIR

04/07/2005

Electronic Signature of Signing Officer or Director

Date