FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:49

DOCUMENT # N43565 (3)

1. Corporation Name
REESE SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
1302 S.W. 25TH PLACE BOYNTON BEACH FL 33426	1302 S.W. 25TH PLACE BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0266964 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CATO, MICHAEL
1302 S.W. 25 PLACE
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Michael D. Cato Michael D. Cato 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CATO, MICHAEL D.	1.2 NAME	
STREET ADDRESS	1302 S.W. 25 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KOEN, KERRY B.	2.2 NAME	
STREET ADDRESS	2333 GLADES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	ST ☑ Change ☐ Addition
NAME	PENNEY, GERRY	3.2 NAME	Penney, Gerry
STREET ADDRESS	50 S. MILITARY TRAIL	3.3 STREET ADDRESS	50 S. Military Trail
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLLEY, JOHN W.	4.2 NAME	
STREET ADDRESS	2617 HUSSON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	D ☑ Change ☐ Addition
NAME	FREDERICK, C. CHARLES	5.2 NAME	Bergel, Peter T.
STREET ADDRESS	2351 PALM RIDGE RD	5.3 STREET ADDRESS	10500 N. Military Tr.
CITY-ST-ZIP	SANIBEL FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael D. Cato Michael D. Cato 1-17-95 (407) 243-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040063