

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N43565**

(3)

1. Corporation Name

REESE SCHOLARSHIP FUND, INC.

Principal Place of Business

1302 S.W. 25TH PLACE
BOYNTON BEACH FL 33426

Mailing Address

1302 S.W. 25TH PLACE
BOYNTON BEACH FL 33426-74453. Date Incorporated or Qualified
05/20/19913a. Date of Last Report
03/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0266964

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

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 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 **D** ☐ DELETE
NAME **CATO, MICHAEL D.**
STREET ADDRESS **1302 S.W. 25 PLACE**
CITY-ST-ZIP **BOYNTON BEACH FL**TITLE **D** ☐ DELETE
NAME **KOEN, KERRY B.**
STREET ADDRESS **2333 GLADES ROAD**
CITY-ST-ZIP **BOCA RATON FL**TITLE **ST** ☒ DELETE
NAME **PENNEY, GERRY**
STREET ADDRESS **50 S. MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE **P** ☒ DELETE
NAME **HOLLEY, JOHN W.**
STREET ADDRESS **2617 HUSSON AVE**
CITY-ST-ZIP **PALATKA FL**TITLE **D** ☐ DELETE
NAME **BERGEL, PETER T**
STREET ADDRESS **100500 N. MILITARY TRAIL**
CITY-ST-ZIP **PALM BEACH GARDENS FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **g**
3.3 STREET ADDRESS **Hardee, Beth**
3.4 CITY-ST-ZIP **1024 Northeast 14 Street, Bldg. C**
Gainesville, FL 326024.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Randall, Steve**
4.4 CITY-ST-ZIP **225 Newburyport Avenue**
Altamonte Springs, FL 327015.1 TITLE ☒ Change ☐ Addition
5.2 NAME **P**
5.3 STREET ADDRESS **Bergel, Peter T.**
5.4 CITY-ST-ZIP **10500 N. Military Trail**
Palm Beach Gardens, FL 33410-46346.1 TITLE ☐ Change ☒ Addition
6.2 NAME **T**
6.3 STREET ADDRESS **Apfelbeck, Anthony**
6.4 CITY-ST-ZIP **400 Alexandria Blvd.**
Oviedo, FL 32765

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-8-97 (561) 243-7420
Date Daytime Phone # 0041678

CR2E037 (9/96)