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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43565** (3)

1. Corporation Name

**REESE SCHOLARSHIP FUND, INC.**

Principal Place of Business <b>1302 S.W. 25TH PLACE BOYNTON BEACH FL 33426</b>	Mailing Address <b>1302 S.W. 25TH PLACE BOYNTON BEACH FL 33426</b>
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3. Date Incorporated or Qualified

**05/20/1991**

4. FEI Number

**65-0266964**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CATO, MICHAEL D.</b>	
STREET ADDRESS	<b>1302 S.W. 25 PLACE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOEN, KERRY B.</b>	
STREET ADDRESS	<b>2333 GLADES ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDEE, BETH</b>	
STREET ADDRESS	<b>1024 NORTHEAST 14 ST, BLDG C</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32602</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDALL, STEVE</b>	
STREET ADDRESS	<b>225 NEWBURYPORT AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGEL, PETER T</b>	
STREET ADDRESS	<b>10500 N. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410-4634</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>APFELBECK, ANTHONY</b>	
STREET ADDRESS	<b>400 ALEXANDRIA BLVD.</b>	
CITY-ST-ZIP	<b>OVIDO FL 32765</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 as an attachment with an address.

SIGNATURE:  **REQUIRED**

1-13-98 (561) 243-7420

CR2E037 (10/97)