

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

APPROVED
AND
FILED

95 MAY - 1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44194

(1)

1. Corporation Name

PEGGY GRIFFIN SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

C/O C. RIDGE
UNIT #1
RIVIERA BEACH FL 33404
US

C/O C. RIDGE
UNIT 1
RIVIERA BEACH FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0274484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1960 West 9th Street

23 City & State

27 Suite, Apt. #, etc.
Unit 1 - C/O C. Ridge
City & State
Riviera Beach, Florida

24 Zip

25 Country

29 Zip

30 Country

33404

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDGE, CLAIRE
1960 W. 9TH STREET
RIVIERA BEACH FL 33404

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

Signature, typed or printed name of registered agent and tax application

NOTE: Registered Agent signature required when nominating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIDGE, CLAIRE
STREET ADDRESS 1960 W. 9TH ST.
CITY ST ZIP RIVIERA BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

TITLE D
NAME ARNOLD, ELAIN
STREET ADDRESS 798 NW 15TH AVE.
CITY ST ZIP BOCA RATON FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

TITLE D
NAME SERRAES, ANDREA
STREET ADDRESS 1300 53RD ST.
CITY ST ZIP WEST PALM BEACH FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

TITLE D
NAME AIKEN, IRMA
STREET ADDRESS 525 KIRK ROAD #106D
CITY ST ZIP WEST PALM BEACH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

TITLE D
NAME GRIFFIN, MARGARET
STREET ADDRESS 14622 SW DIVOT DR.
CITY ST ZIP INDIANTOWN FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

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)(k), 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:

Claire Ridge

Claire Ridge

4/24/95

407-842-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number