


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **N44194** (1)

1. Corporation Name

PEGGY GRIFFIN SCHOLARSHIP FUND, INC.



Principal Place of Business	Mailing Address
725 HUMMINGBIRD-WAY UNIT 111 NORTH PALM BEACH FL 33408 US	725 HUMMINGBIRD-WAY UNIT 111 NORTH PALM BEACH FL 33408 US

3. Date Incorporated or Qualified

07/01/1991

4. FEI Number

65-0274484

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 1502 S.E. Ladner St. 23 City & State Port St. Lucie, FL 24 Zip 34983 25 Country U.S.	26 Suite, Apt. #, etc. 27 City & State Port St. Lucie, FL 28 Zip 34983 29 Country U.S.

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, MAXINE
725 HUMMINGBIRD WAY
UNIT 111
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	1502 S.E. Ladner St.		Port St. Lucie, FL	34983

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	<input checked="" type="checkbox"/> DELETE
NAME	SMITHE, LINDA	
STREET ADDRESS	17976 VIA RIO	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, MAXINE	
STREET ADDRESS	725 HUMMINGBIRD WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERRAES, ANDREA	
STREET ADDRESS	1300 53RD ST.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rose Kennedy	
1.3 STREET ADDRESS	17979 Bridle Lane	
1.4 CITY-ST-ZIP	Jupiter, FL 33478	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1502 S.E. Ladner	
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

9/8/98 5161-842-1304

CR2E037 (10/97)