

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90026 047 ****61.25

DOCUMENT # N44194

1. Corporation Name

PEGGY GRIFFIN SCHOLARSHIP FUND, INC.

Principal Place of Business

1502 SE LADNER ST
PORT ST LUCIE FL 34983
US

Mailing Address

1502 SE LADNER ST
PORT ST LUCIE FL 34983
US



2. Principal Place of Business

2a. Mailing Address

21 725 Hummingbird Way
Suite, Apt. #, etc. #111

27 Suite, Apt. #, etc. (same as 2)

23 North Palm Beach, FL

28 City & State

24 Zip 33408 25 Country USA

29 Zip 30 Country

3. Date Incorporated or Qualified

07/01/1991

4. FEI Number

65-0274484

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

9. Name and Address of Current Registered Agent

TAYLOR, MAXINE
1502 SE LADNER ST
PORT ST LUCIE FL 34983

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

725 Hummingbird Way #111

83

84 City N. Palm Beach

FL

85 Zip Code

33408

10. Name and Address of New Registered Agent

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
NAME KENNEY, ROSE
STREET ADDRESS 17979 BRIDLE LANE
CITY-ST-ZIP JUPITER FL 33478

TITLE D
NAME TAYLOR, MAXINE
STREET ADDRESS 1502 SE LADNER
CITY-ST-ZIP PORT ST LUCIE FL 34983

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Maxine Taylor, Treas. 4/30/99 561-842-1384

CR2E037 (1/98)