# 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 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46718** **(5)**

1. Corporation Name

**DOROTHY EDWARDS VOCATIONAL SCHOLARSHIP FUND, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 570 PARK STREET<br>NAPLES FL 33940 | 570 PARK STREET<br>NAPLES FL 33940 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1992
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0298088 ☐ 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
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

FRANK, ANN T.
570 PARK STREET
NAPLES FL 33940

**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 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: Ann T. Frank — ANN T. FRANK — 3/27/95
(Signature, typed or printed name of registered agent and the date as required) (NOTE: Registered Agent signature required when changed) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☑ Change ☐ Addition |
| NAME | FRANK, ANN T | 12 NAME | |
| STREET ADDRESS | 1633 MANDARIN ROAD | 13 STREET ADDRESS | 2850 MIZNER WAY |
| CITY ST ZIP | NAPLES FL | 14 CITY ST ZIP | NAPLES, FL 33942 |
| TITLE | VD | 21 TITLE | VD ☒ Change ☐ Addition |
| NAME | DEMOYA, MARY ANN | 22 NAME | |
| STREET ADDRESS | 201 SILVERADO DR | 23 STREET ADDRESS | 7360 ST. IVES WAY #2207 |
| CITY ST ZIP | NAPLES FL | 24 CITY ST ZIP | NAPLES FL 33942 |
| TITLE | SD | 31 TITLE | SD ☒ Change ☐ Addition |
| NAME | ULIRCH, LORRAINE | 32 NAME | |
| STREET ADDRESS | 4666 CRAYTON RD | 33 STREET ADDRESS | 7653 Ponte Verde, |
| CITY ST ZIP | NAPLES FL | 34 CITY ST ZIP | NAPLES FL 33942 |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | RAFFALDINI, THERESA | 42 NAME | |
| STREET ADDRESS | 246 SPRINGLINE DR | 43 STREET ADDRESS | |
| CITY ST ZIP | NAPLES FL | 44 CITY ST ZIP | |
| TITLE | D | 51 TITLE | D ☒ Change ☐ Addition |
| NAME | STEPHENS, HELEN | 52 NAME | GLENN, BETTY |
| STREET ADDRESS | 1271 WOODRIDGE AVE | 53 STREET ADDRESS | 270 Naples Cove Dr. #3305 |
| CITY ST ZIP | NAPLES FL | 54 CITY ST ZIP | NAPLES FL 33963 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

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)(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:** Ann T. Frank — ANN T. FRANK — 3/27/95 — 813-793-5353
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)