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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N49818

1. Corporation Name

**THE INDIANA UNIVERSITY J. STEPHEN BURRIS MEMORIA
L SCHOLARSHIP FUND, INC.**

Principal Place of Business

**307 SMOKERISE BLVD.
LONGWOOD FL 32779**

Mailing Address

**307 SMOKERISE BLVD.
LONGWOOD FL 32779**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/09/1992

4. FEI Number

59-3182985

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

**BURRIS, MARTHA G
604 ARVERN DR.
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

DAVID L. DENNIS

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

307 SMOKERISE BLVD

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

David L. Dennis
Signature typed or printed name of registered agent and title if applicable.

DAVID L. DENNIS, DIRECTOR & TREASURER 1-3-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BURRIS, MARTHA G**
STREET ADDRESS **604 ARVERN DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **GRIEGER, GARY AND MARTH**
STREET ADDRESS **3287 HICKORY LANE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **MANWARING, JOHN**
STREET ADDRESS **784 WOODSIDE ROAD**
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE
NAME **ZEGELBORE, CHARLES**
STREET ADDRESS **126 WISTERIA DRIVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **DT** ☐ DELETE
NAME **DENNIS, DAVID**
STREET ADDRESS **307 SMOKERISE BLVD.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **SHRONTZ, KAREN**
STREET ADDRESS **718 RIDGEWOOD WAY**
CITY-ST-ZIP **WINTER SPRINGS FL**

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: *David L. Dennis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-99 (407) 563-2227

CR2E037 (11/98)