

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N49818

1. Entity Name
**THE INDIANA UNIVERSITY J. STEPHEN BURRIS
MEMORIAL SCHOLARSHIP FUND, INC.**



Principal Place of Business
**307 SMOKERISE BLVD.
LONGWOOD, FL 32779**

Mailing Address
**307 SMOKERISE BLVD.
LONGWOOD, FL 32779**



02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3182985

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENNIS, DAVID L
307 SMOKERISE BLVD
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000058509
02/20/04-80040-015 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

DAVID L. DENNIS 2/18/04 407-563-2277