2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002919

FILED Jan 20, 2005 Secretary of State

Entity Name: THE BOCA GRANDE AREA CHAMBER OF COMMERCE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5800 GASF	PARILLA RD.				
A1 BOCA GRA	ANDE, FL 339	21			
Current Mailing Address:			New Mailii	New Mailing Address:	
P.O. BOX 7					
BOCA GRA	ANDE, FL 339	21			
FEI Number:	65-0544270	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
423 PALM .	N, JUDY D AVENUE ANDE, FL 339	21 US			
	named entity s of Florida.	ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () STEWART, CAF 421 PARK AVEN BOCA GRANDE	NUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STEWART, CAROL 421 PARK AVENUE BOCA GRANDE, FL 33921	
Fitle: Name: Address: City-St-Zip:	VD () MCHUGH, DAVI 475 PARK AVEN BOCA GRANDE	NUE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition MCHUGH, DAVID 475 PARK AVENUE BOCA GRANDE, FL 33921	
Title: Name: Address: City-St-Zip:	D () DIAZ, LESLIE PO BOX 925 BOCA GRANDE	Delete , FL 33921	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BURKHART, SA PO BOX 433 BOCA GRANDE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () KNIGHT. JR., JO PO BOX 174 BOCA GRANDE		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition KNIGHT. JR., JOHNS PO BOX 174 BOCA GRANDE, FL 33921	
Fitle: Name: Address: City-St-Zip:	TD () MORRISON, JU POST OFFICE E BOCA GRANDE	3OX 523	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MCHUGH PD 01/20/2005