

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000004725

1. Entity Name  
BETWEEN-THE-CRACKS SCHOLARSHIPS, INC.



Principal Place of Business  
10690 AVENUE OF P.G.A.  
PALM BEACH GARDENS, FL 33418

Mailing Address  
4521 PGA BLVD., STE. #135  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE IN THIS SPACE**



01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0523157

Applied For  
Not Applicable

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

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

ADOLPH, JAY  
10690 AVE. OF P.G.A.  
PALM BEACH GARDENS, FL 33418

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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KEAY, CARMEN P  
STREET ADDRESS 12394 ALTERNATE A1A #0-5  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VSTD  
NAME ADOLPH, JAY  
STREET ADDRESS 10690 AVENUE OF P.G.A.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D  
NAME STEIL, LISLIE A  
STREET ADDRESS 1974 5TH COURT, S.E.  
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/12/05-80008-025 61.25

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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)(i), 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:

*Jay Adolph* SEC. JAY ADOLPH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 561-626-3663  
Date Daytime Phone #