

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2007 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**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 re-registering)

DATE

**U00000581365  
01/10/07-80085-004 61.25**

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GAYLORD, KIMBERLY  
1907 AVON GLEN LN  
LAKE ORION, MI 48360**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ADOLPH, ROSS  
12888 MEUSHAW CT  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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 V.P.* **JAY ADOLPH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/07 561-626-3663**  
Date Daytime Phone #