

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

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005456

1. Entity Name
JENNIELLE BLUNT MEMORIAL SCHOLARSHIP FUND,
INC.



Principal Place of Business
32729 RADIO ROAD
LEESBURG, FL 34789

Mailing Address
P.O. BOX 895070
LEESBURG, FL 34789



06302004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3275655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUNT, STANLEY L
32729 RADIO ROAD
LEESBURG, FL 34789

**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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BLUNT, STANLEY L
STREET ADDRESS 32729 RADIO RD.
CITY-ST-ZIP LEESBURG, FL 34789

TITLE DV
NAME ANDERSON, TOM
STREET ADDRESS 1060 MISTYDR.
CITY-ST-ZIP MARIETTA, GA 30068

TITLE DST
NAME COLYEAR, LINDA
STREET ADDRESS 1297 S. KANSAS AVE.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000164132
07/07/04-80033-001 61.25

**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:

Stanley Blunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY BLUNT

Date

6-30-04

Daytime Phone #

(352) 787-0900