

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005456

FILED
May 18, 2005
Secretary of State

Entity Name: JENNIELLE BLUNT MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

32729 RADIO ROAD
LEESBURG, FL 34789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 895070
LEESBURG, FL 34789

New Mailing Address:

FEI Number: 59-3275655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLUNT, STANLEY L
32729 RADIO ROAD
LEESBURG, FL 34789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLUNT, STANLEY L
Address: 32729 RADIO RD.
City-St-Zip: LEESBURG, FL 34789

Title: DV () Delete
Name: ANDERSON, TOM
Address: 1060 MISTYDR.
City-St-Zip: MARIETTA, GA 30068

Title: DST () Delete
Name: COLYEAR, LINDA
Address: 1297 S. KANSAS AVE.
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: ANDERSON, TOM
Address: 896 BANFORD CT.
City-St-Zip: MARIETTA, GA 30068

Title: DST (X) Change () Addition
Name: ALLEN, LINDA
Address: 1297 S. KANSAS AVE.
City-St-Zip: GROVELAND, FL 34736

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: STANLEY BLUNT

PRES

05/18/2005

Electronic Signature of Signing Officer or Director

Date