


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90003 040 ****70.00

DOCUMENT # N95000001507					
1. Entity Name TERRY STEWART MEMORIAL SCHOLARSHIP FUND, INC.					
Principal Place of Business 100 LAKESHORE BLVD. KISSIMMEE, FL 34741.			Mailing Address 100 LAKESHORE BLVD. KISSIMMEE, FL 34741		
2. Principal Place of Business 101 N. CHURCH ST. Suite, Apt. #, etc. SUITE 330		3. Mailing Address 101 N. CHURCH ST. Suite, Apt. #, etc. SUITE 330			
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 59-3499983	
Zip 34741		Country OSCEOLA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, RANDY 100 LAKESHORE BLVD. KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name: RANDY FISHER Street Address (P.O. Box Number is Not Acceptable): 101 N. CHURCH ST. City: Kissimmee FL Zip Code: 34741		
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: <u>Randy Fisher</u> DATE: <u>7-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FISHER, RANDY STREET ADDRESS 100 LAKESHORE BLVD. CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE PD NAME RANDY FISHER STREET ADDRESS 101 N. CHURCH STREET CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME STEWART, FRANCIS STREET ADDRESS 315 DESOTO CIRCLE CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE SD NAME FRANCIS STEWART STREET ADDRESS 1213 2ND AVENUE CITY-ST-ZIP MT DORA, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME REINHART, BRAD STREET ADDRESS 100 LAKESHORE BLVD. CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		TITLE D NAME WILLIAM H THOMAS STREET ADDRESS 101 N CHURCH STREET CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THOMAS, WILLIAM H STREET ADDRESS 100 LAKESHORE BLVD CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE D NAME JASON ALISE STREET ADDRESS 101 N. CHURCH ST. CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME THOMAS, WILLIAM H STREET ADDRESS 100 LAKESHORE BLVD CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE D NAME THOMAS, WILLIAM H STREET ADDRESS 100 LAKESHORE BLVD CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Randy Fisher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-1-04</u>		Daytime Phone #: <u>407-518-2524</u>