


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

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001507</b> 1. Entity Name <b>TERRY STEWART MEMORIAL SCHOLARSHIP FUND, INC.</b>	
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Principal Place of Business <b>101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741</b>	Mailing Address <b>101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741</b>
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04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3499983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>FISHER, RANDY 101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Randy G. Fisher* *RANDY G. FISHER* *4-13-05*  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, RANDY 101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, FRANCIS 1213 2ND AVENUE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, WILLIAM H 101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALISE, JASON 101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Randy G. Fisher* *RANDY G. FISHER* *4/13/05* *407-518-2504*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #