

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM  
Secretary of State

DOCUMENT # N95000001507

1. Entity Name  
TERRY STEWART MEMORIAL SCHOLARSHIP FUND,  
INC.



Principal Place of Business  
101 N. CHURCH STREET - SUITE 300  
KISSIMMEE, FL 34741

Mailing Address  
101 N. CHURCH STREET - SUITE 300  
KISSIMMEE, FL 34741



04112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3499983

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FISHER, RANDY  
101 N. CHURCH STREET - SUITE 300  
KISSIMMEE, FL 34741

**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: *Randy G. Fisher*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/06  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FISHER, RANDY  
STREET ADDRESS 101 N. CHURCH STREET - SUITE 300  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE SD  
NAME STEWART, FRANCIS  
STREET ADDRESS 1213 2ND AVENUE  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE D  
NAME THOMAS, WILLIAM H  
STREET ADDRESS 101 N. CHURCH STREET - SUITE 300  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D  
NAME ALISE, JASON  
STREET ADDRESS 101 N. CHURCH STREET - SUITE 300  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000508558  
04/28/06-80010-004 61.25

**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: *Randy G. Fisher* RANDY G. FISHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 407-518-2501  
Date Daytime Phone #