

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 003 ****61.25

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 2500 FORTUNE RD. KISSIMMEE, FL 34744																																																																																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																						
City & State		City & State																																																																																																						
Zip	Country	Zip	Country	4. FEI Number 59-3499983																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent FISHER, RANDY 101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																																																																								
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>FISHER, RANDY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STEWART, FRANCIS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1213 2ND AVENUE MOUNT DORA, FL 32757</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>D THOMAS, WILLIAM H</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>101 TULIP WAY KISSIMMEE, FL 34743</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>D STEWART, PAT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>235 ORANGE TERRACE WINTER PARK, FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>D GELOWIRE, ABDUL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2500 FORTUNE ROAD KISSIMMEE, FL 34744</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GOLDWIRE, ABDUL</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	FISHER, RANDY		CITY-ST-ZIP	101 N. CHURCH STREET - SUITE 300 KISSIMMEE, FL 34741		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	STEWART, FRANCIS		CITY-ST-ZIP	1213 2ND AVENUE MOUNT DORA, FL 32757		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	D THOMAS, WILLIAM H		CITY-ST-ZIP	101 TULIP WAY KISSIMMEE, FL 34743		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	D STEWART, PAT		CITY-ST-ZIP	235 ORANGE TERRACE WINTER PARK, FL 32789		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	D GELOWIRE, ABDUL		CITY-ST-ZIP	2500 FORTUNE ROAD KISSIMMEE, FL 34744		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	GOLDWIRE, ABDUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Randy G. Fisher</i></u> RANDY G. FISHER <u>5/22/08</u> <u>407-518-2504</u> <small>SIGNATURE (or TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>																																																																																																								