


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000002157	
1. Entity Name BOCA RATON PILOTS ASSOCIATION SCHOLARSHIP FUND, INC.	

Principal Place of Business 1521 NW 13TH AVENUE BOCA RATON, FL 33486-1218 US	Mailing Address 1521 NW 13TH AVENUE BOCA RATON, FL 33486-1218 US
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FC Number 65-0580395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAAR, HERBERT N 10439 STONEBRIDGE BLVD BOCA RATON, FL 33498	DO NOT WRITE IN THIS SPACE
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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: Herbert N. Haar DATE: 1-30-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-installing)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITTLE, HARRY 1239 NW 16TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT HAAR, HERBERT N 10439 STONEBRIDGE BOULEVARD BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACDONALD, PERCY 2677 S OCEAN BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRUSCH, MICHAEL 1521 NW 13TH AVENUE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC CHRUSCH, PETER 1521 NW 13TH AVENUE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U000000028689
02/04/04-80035-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Herbert N. Haar DATE: 1-30-04 DAYTIME PHONE: 561 487-6395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR