


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 037 ****61.25

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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2. Principal Place of Business 2101 NW 2nd Ave	3. Mailing Address Same
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State
Zip 33431	Country US



03162005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0580395

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAAR, HERBERT N
10439 STONEBRIDGE BLVD
BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent

Name **Howard Greenberg**

Street Address (P.O. Box Number is Not Acceptable)
2101 NW 2nd Ave, Ste 5

City **Boca Raton FL** Zip Code **33431**

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 *W* *AB* *3/16/05*

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HAAR, HERBERT N 10439 STONEBRIDGE BOULEVARD BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACDONALD, PERCY 2677 S OCEAN BLVD BOCA RATON, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRUSCH, MICHAEL 1521 NW 13TH AVENUE BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHRUSCH, PETER 1521 NW 13TH AVENUE BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Howard Greenberg 2101 NW 2nd Ave, Ste 5 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Karl Dickey Linda Lane 8124 Vista Linda Lane Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia M. Valentine 5 Royal Palm Way Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Valentine 260 G. Boca Raton Rd Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" 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: *M* *AB* *Howard Greenberg 3/16/05 561 362 8028*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #