2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # N95000002157 1. Entity Name 04-16-2007 90062 023 ****61.25 **BOCÁ RATON PILOTS ASSOCIATION SCHOLARSHIP** FUND, INC. Principal Place of Business Mailing Address 2101 NW 2ND AVE. 2101 NW 2ND AVE SUITE 5 SUITE 5 BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 65-0580395 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, HOWARD 2101 NW 2ND AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 5 BOCA RATON, FL 33431 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE SD WHITTLE, HARRY NAME NAME STREET ADDRESS **1239 NW 16TH STREET** STREET ADDRESS 9231 CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP TD TITLE ☐ Defete TITLE NAME GREENBERG, HOWARD NAME 2101 NW 21ND AVE, AVE 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33431 Change Delete TITLE TITLE MACDONALD, PERCY NAME NAME 2677 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL** Delete PD TITLE TITLE DICKEY, KARL NAME NAME 6124 VISTA LINDA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SD VALENTINE, PATRICIA MALLE STREET ADDRESS STREET ADDRESS 260 E BOCA RATON RD CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED