

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90072 024 ****61.25

DOCUMENT # N95000002158

1. Entity Name

FEMINIST SCHOLARSHIP FUND, INC.



Principal Place of Business

7453 CHABLIS COURT
BOCA RATON FL 33433

Mailing Address

7453 CHABLIS COURT
BOCA RATON FL 33433

50018127



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1933554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAFFE, SHEILA
7453 CHABLIS COURT
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SYHERYAN, LOUISE	
STREET ADDRESS	5877 GATESBY ST.	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFE, SHEILA	
STREET ADDRESS	7453 CHABLIS CT	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALPERT, GLORIA	
STREET ADDRESS	8566 CASA DEL LAGO #D	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JOAN	
STREET ADDRESS	2501 S. OCEAN BLVD #205	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUNEISEN, ELLEN	
STREET ADDRESS	222 N. FEDERAL HWY	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLIPEN, LINDA	
STREET ADDRESS	10921 LAKE FOREST PLACE	
CITY - ST - ZIP	BOCA RATON FL 33498	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA DAWSON	
STREET ADDRESS	5505 E. MIZNER BLVD # 510	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Gloria Alpert

2/18/05

561-482-4951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #