

FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005215 (7)**

1. Corporation Name

SUE DAVENPORT MEMORIAL SCHOLARSHIP, INC.

Principal Place of Business 2224 5TH CT. S.E. VERO BEACH FL 32962	Mailing Address 2224 5TH CT. S.E. VERO BEACH FL 32962-8327
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/03/1995	3a. Date of Last Report 04/02/1996
21		26		4. FEI Number APPLIED FOR 65-0656118	Applied For Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, ANN
2224 5TH CT. S.E.
VERO BEACH FL 32962**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Ruthann Hodgson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, ANN	1.2 NAME	President/Director (PD)
STREET ADDRESS	2224 5TH CT. S.E.	1.3 STREET ADDRESS	7986 21st. Street
CITY-ST-ZIP	VERO BEACH FL 32962	1.4 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Kathy Brandes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICH, WENDY	2.2 NAME	Vice-President/Director (VPD)
STREET ADDRESS	2224 5TH CT. S.E.	2.3 STREET ADDRESS	195 38th Avenue
CITY-ST-ZIP	VERO BEACH FL 32962	2.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Diana Allen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, RUTHANN	3.2 NAME	1914 SW Davis Street
STREET ADDRESS	7986 21ST ST.	3.3 STREET ADDRESS	Port St. Lucie, FL 34953
CITY-ST-ZIP	VERO BEACH FL 32966	3.4 CITY-ST-ZIP	Secretary (S)
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Wendy Minich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Treasurer/Director (TD)
STREET ADDRESS		4.3 STREET ADDRESS	2224 5th Ct. SE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VERO BEACH FL 32962
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Wendy Minich** **Wendy Minich** 2/11/97 561-502-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020739

CR2E037 (9/96)