

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90011 033 \*\*\*\*61.25

DOCUMENT # N95000005215

1. Corporation Name

SUE DAVENPORT MEMORIAL SCHOLARSHIP, INC.

Principal Place of Business

7986 21ST STREET  
VERO BEACH FL 32966

Mailing Address

P.O. BOX 650251  
VERO BEACH FL 32965



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2224 5th Ct. S.E.		26		11/03/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0656118	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Vero Beach, FL					
24 Zip		29 Zip		6. Election Campaign Financing	
32962				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WOOD, ANN B				81 Name	
2224 5TH CT. S.E.				82 Street Address (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32962				83	
				84 City	
				FL 85 Zip Code	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, RUTHANN	1.2 NAME	
STREET ADDRESS	7986 21ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDES, KATHY	2.2 NAME	Judy Higgins
STREET ADDRESS	1195 38TH AVE.	2.3 STREET ADDRESS	2060 55th Ave
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, LEA	3.2 NAME	
STREET ADDRESS	388 ROUSE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICH, WENDY	4.2 NAME	
STREET ADDRESS	2224 5TH CT. S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNISON, VALERIE	5.2 NAME	
STREET ADDRESS	2456 U.S. 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, ANN	6.2 NAME	TD
STREET ADDRESS	2224 5TH COURT S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 (561) 562-8972

Date

Daytime Phone #