


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90091 004 ****61.25

DOCUMENT # N 96000000 145	
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DO NOT WRITE IN THIS SPACE

50021947

2. Principal Place of Business 8333 SEMINOLE BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. # 125 C		Suite, Apt. #, etc. SAME	
City & State SEMINOLE, FL.		City & State SAME	
Zip 33772	Country PINELLAS	Zip SAME	Country SAME

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ROBERT E. MENTZER	
	Street Address (P.O. Box Number is Not Acceptable) 8333 SEMINOLE BLVD # 125 C	
	City SEMINOLE	FL 33772

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	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	PO PRISCILLA BLANCHARD 8333 SEMINOLE BLVD # 439 D SEMINOLE FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ERVIE FRUTIGER 8333 SEMINOLE BLVD # 132 D SEMINOLE FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT E. MENTZER 8333 SEMINOLE BLVD # 125 C SEMINOLE FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD RICHARD MUTH 8333 SEMINOLE BLVD # 625 C SEMINOLE FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RITA MOORE 8333 SEMINOLE BLVD # 562 F SEMINOLE FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMA KNESEL 8333 SEMINOLE BLVD 621 C SEMINOLE FL 33772	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Mentzer ROBERT E. MENTZER 2/28/05 727-393-1940

CR2E037B (12/02)

ATTACHMENT

50021947

Lake Seminole Square Scholarship Fund, Inc.

8333 Seminole Boulevard
Seminole, Florida 33772

Office of the President
Suite 439 D

Office of the Treasurer
Suite 125 C

#10 ADDITIONAL DIRECTORS

DOC # N96000000 14F FEI US 0668965

D

ANITA MCCORMICK

8333 SEMINOLE BLVD # 614 C

SEMINOLE, FL 33772

D

DORIS SMALL

8333 SEMINOLE BLVD # 232 D