


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90083 014 ****61.25

DOCUMENT # N96000000148	
1. Entity Name THE LAKE SEMINOLE SQUARE SCHOLARSHIP FUND, INC.	

Principal Place of Business 8333 SEMINOLE BLVD APT 125 C SEMINOLE, FL 33772-4363	Mailing Address 8333 SEMINOLE BLVD APT 125 C SEMINOLE, FL 33772-4363
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0668965

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
MENTZER, ROBERT E 8333 SEMINOLE BLVD #125 C SEMINOLE, FL 33772-4355	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	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	<input type="checkbox"/> Delete
NAME	DAT MUTH, RICHARD
STREET ADDRESS	8333 SEMINOLE BLVD 625C
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> Delete
NAME	D MCCORMICK, ANITA
STREET ADDRESS	8333 SEMINOLE BLVD 614C
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> Delete
NAME	TD SMALL, DORIS
STREET ADDRESS	8333 SEMINOLE BLVD. 232
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D MOORE, RITA
STREET ADDRESS	8333 SEMINOLE BLVD 562F
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> Delete
NAME	D KNESEL, ALMA
STREET ADDRESS	8333 SEMINOLE BLVD 621C
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> Delete
NAME	PD BLANSHARD, PRISCILLA
STREET ADDRESS	8333 SEMINOLE BLVD 439D
CITY-ST-ZIP	SEMINOLE, FL 33772

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D RICHARD AKERS
STREET ADDRESS	SAME APT 639D
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOSEPH HERBISON
STREET ADDRESS	SAME APT 416 C
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALL HAVE SAME STREET ADDRESSES
STREET ADDRESS	ONLY APT # IS DIFFERENT
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 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: Robert E. Mentzer, Treas.	ROBERT E. MENTZER	1/11/06	727.393.1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #