FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000000477 (7)

BUR BOYD MEMORIAL SCHOLARSHIP, INC.

Principal Place of Business			Mailin	Mailing Address					i illainiar aid tassa 11510 basi) afii	ı WALII BUİNL		IND) INDI INDI
402 43RD STR BRADENTON I			402 43RD STREET WEST BRADENTON FL 34209-2952									
									3. Date incorporated or Qualified 01/29/1996	3a. C	ate of Last R	eport
2. Principal P	lace of Busi	2a. Ma	2a. Mailing Address					4. FEI Number		Ap	plied For	
21		26						65-0641929			t Applicable	
Suite, Apt.		27 Su	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	е	├ ─¬	City & State					6. Election Campaign Financing	_	\$5.00	May Be	
23			28					Trust Fund Contribution		Added 1		
Zip 24	ip Country 25		29			Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name	and Address of Currer	nt Registere	d Agent					10. Name and Address of New Ro	gistered	Agent	
						81	Name					
BAKER, DIANNA 402 43RD STREET WEST						82	Street	Addres	ress (P.O. Box Number is Not Acceptable)			
	NTON FL 3										·	
)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					- C'-				[and and		
						84	City			FL	_ [Code
11. Pursuant office or r	to the provis	sions of Sections 617.050 gent, or both, in the State	02 and 617.1 of Florida.	508, Florida Statu Such change was	ites, the	e above	named the corp	corpo	ration submits this statement for the n's board of directors. I hereby acce	purpose o	of changing it pointment as	s registered registered
	nii saimiiar w	nin, and accept the oblig	jations of, Se	iction 617,0503, F	TORICA	Sigiules	i.					
SIGNATURE.	Signature, types	d or printed name of registered ag-	ent and title if ap	plicable (NO	TE: Regis	slered Age	nt signature	berluper	When reinstating)	DATE	****	
12.	·	OFFICERS AN	ID DIRECTO	RS		13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 12
TITLE	D			DELETE	1	I.1 TITLE					Change	Addition
NAME		SUZAN F			1	I.2 NAME						
STREET ADDRESS		ist street, N.W.			١.	I.3 STREET	address					
CITY-ST-ZIP	BRADE	NTON FL 34209			1	I.4 CITY-S	T-ZIP]				
TITLE	D			☐ DELETE	2	2.1 TITLE					Change	Addition
NAME		WILBUR			2	2.2 NAME]				
STREET ADDRESS		VATER OAK WAY			. 2	3 STREET	ADDRESS					
CITY-ST-ZIP		ENTON FL 34209	·, ···		2	4 CITY-S	T-ZIP					
TITLE	D	- PARAMAIA		☐ DELETE		3.1 TITLE		1			Change	Addition
NAME	BAKER, DIANNA			3.21				l				
STREET ADDRESS	SOUDENTON EL AMAS			3.3 STREET ADDR								
CITY-ST-ZIP	BHAUL	ENTON FL 34209		T DOLLAR		3.4. CITY - S	T-ZIP				Observe	Agenta
TITLE				DELETE		1.1 TITLE					L. Change	L Addition
NAME	<u> </u>					1. 2 NAME]				
STREET ADDRESS						I.3 STREET						
CITY-SI-7IP	ļ			DELETE		1.4 CITY-S	r - ZiP			·	Change	Addition
TITLE	ĺ			T Defete		5.1 TITLE		ľ			— Allanye	vaginoii
NAME	J					5,2 NAME		,				ļ
STREET ADDRESS						3 STREET		1				
CITY-ST-ZIP	<u> </u>			DELETE		A CITY-S	F-ZIP				Change	Addition
TITLE	1			- Detreit		5.1 TITLE		1			C) change	
NAME]					5.2 NAME)				j
STREET ADDRESS					6	5.3 STREET	AUDRESS	Į				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 12 or on an attachment with an address.

SIGNATURE

ATURE AND THE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

0-20-1997

FILED

Apr 11 1997 8:00am

Secretary of State

(741) 792-8013