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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000001209

1. Corporation Name

NFFFA - DOUG MILNE SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

7900 BELFORT PKWY
SUITE 100
JACKSONVILLE FL 32256

P.O. BOX 43667
JACKSONVILLE FL 32203

6621 SOUTHPOINT DR. N
SUITE 315
JACKSONVILLE, FL 32216

2. Principal Place of Business

2a. Mailing Address

21 6621 SOUTHPOINT DR., N

26 P.O. BOX 43667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 315

27

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL.

Zip

Country

Zip

Country

24 32216

25 U.S.A.

29 32203-3667 30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/03/1996

4. FEI Number

59-3314262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

COLLIER, BROOKS
7900 BELFORT PKWY
SUITE 100
JACKSONVILLE FL 32256

81 Name WILLIAM GRONZIK

82 Street Address (P.O. Box Number is Not Acceptable)

6621 SOUTHPOINT DR. N

83 SUITE # 315

84 City JACKSONVILLE

FL

85 Zip Code 32216

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: *William D. Grondzik*

3-19-99

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 D ☒ DELETE
NAME COLLIER, BROOKS
STREET ADDRESS 7900 BELFORT PKWY SUITE 100
CITY-ST-ZIP JACKSONVILLE FL 32256

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GRONZIK, WILLIAM D.
1.3 STREET ADDRESS 6621 SOUTHPOINT DR. N. #315
1.4 CITY-ST-ZIP JACKSONVILLE, FL, 32216

TITLE D ☐ DELETE
NAME NELSON, ROY B
STREET ADDRESS 3728 PHILIPS HWY #45
CITY-ST-ZIP JACKSONVILLE FL 32207-6840

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PEACOCK, RONALD J
STREET ADDRESS 521 W. HILLSBOROUGH AVE.
CITY-ST-ZIP FLORAHOME FL 32140

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Ronald J. Peacock* *Ronald J. Peacock* 3-19-1999 904-659-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)