

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90043 012 ****70.00

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1. Entity Name

NFFRFA - DOUG MILNE SCHOLARSHIP FUND, INC



Principal Place of Business

521 W HILLSBOROUGH AVE
FLORAHOME FL 32140

Mailing Address

521 W HILLSBOROUGH AVE
FLORAHOME FL 32140

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3314262

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONALD J. PEACOCK
521 W. HILLSBOROUGH AVE. E
FLORAHOME, FL 32140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **GIBSON, PAULA**
STREET ADDRESS **13925 SPOONBILL STREET NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **PD** ☒ Delete
NAME **GIBSON, PAULA**
STREET ADDRESS **13925 S. PONSILL ST. NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
NAME **MOOREWEDOW, BARBARA**
STREET ADDRESS **63 JACKSON AVE.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **798 Shipwatch Drive E.**
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. PEACOCK

Ronald J. Peacock

3-12-04

386-659-1371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #