

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002822

FILED
May 03, 2004
Secretary of State**Entity Name:** GENORA H. KENNEDY SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**251 PELICAN DRIVE NE
PALM BAY, FL 32907**New Principal Place of Business:****Current Mailing Address:**251 PELICAN DRIVE NE
PALM BAY, FL 32907**New Mailing Address:****FEI Number:** 59-3394023**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, DOROTHY
251 PELICAN DRIVE NE
PALM BAY, FL 32907 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: KENNEDY, HATTIE
Address: 500 E RYOLAND ST
City-St-Zip: MELBOURNE, FL**Title:** VD () Delete
Name: PAYNE, BETTY
Address: 3108 S MAIN STREET
City-St-Zip: MELBOURNE, FL 32901**Title:** PD () Delete
Name: JOHNSON, DOROTHY
Address: 251 PELICAN DRIVE NE
City-St-Zip: PALM BAY, FL 32907**Title:** D () Delete
Name: TYLER, ANNIE
Address: 600 ROBERTS
City-St-Zip: MELBOURNE, FL 32901**Title:** S () Delete
Name: POPE, JOYCE
Address: 1249 ROSLYN AV NW
City-St-Zip: PALM BAY, FL 32907 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M JOHNSON

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date