

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 007 ****61.25

| | | | | | |
|--|-----------------------------------|--|---|--|--|
| DOCUMENT # N96000005190 | | | |  | |
| 1. Entity Name BOB HOSKINS / SANDY MCDUGALD HORTICULTURAL SCHOLARSHIP FUND INC. | | | | | |
| Principal Place of Business 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437 | | Mailing Address 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 85-0717490 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FORD, PATRICK J 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437 | | | 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 _____ | | | | | |
| 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MUNTZ, PATRICK W | NAME | | | |
| STREET ADDRESS | 12191 BROADLEAF COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WALKER, LAWRENCE R | NAME | | | |
| STREET ADDRESS | 1551 SHORELANDS DRIVE, EAST | STREET ADDRESS | | | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FORD, PATRICK J | NAME | | | |
| STREET ADDRESS | 8400 96TH COURT, SOUTH | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCDUGALD, JEFF | NAME | MCDougald, Jeff | | |
| STREET ADDRESS | 6094 LINTON BOULEVARD | STREET ADDRESS | 17664 OAKWOOD AVENUE | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | CITY-ST-ZIP | BOCA RATON, FL 33487 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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 another like empowered. | | | | | |
| SIGNATURE: <i>Patrick J Ford</i> | | PATRICK J FORD | | 1/10/06 561-732-3658 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |