


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006516 1. Entity Name PETER T. ASSIMACK MEMORIAL SCHOLARSHIP FUND, INC.	
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Principal Place of Business 3302 ALTERNATE 19 NORTH PALM HARBOR, FL 34683	Mailing Address 3302 ALT 19 N SUITE 400 PALM HARBOR, FL 34683 US
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3398268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, MELODY S 1269 HOLIDAY DR TARPON SPRINGS, FL 34689
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STONE, G. MICHAEL 7512 RIDGE ROAD, RIDGEWOOD EXEC. CENTER PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILLIAMS, MELODY 1269 HOLIDAY DRIVE TARPON SPRINGS, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADY, HAROLD L 1028 ROSETREE LANE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000326349
04/23/05-80052-025 61.25

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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: <u>Melody S. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/15/05	727-787-2727
	Date	Daytime Phone #