

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 001 ****61.25

DOCUMENT # N96000006516

1. Entity Name
PETER T. ASSIMACK MEMORIAL SCHOLARSHIP FUND, INC.



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**



2. Principal Place of Business
4705 Alternate 19

3. Mailing Address
4705 Alternate 19

Suite, Apt. #, etc.
Unit B

Suite, Apt. #, etc.
Unit B

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34683

Country
USA

Zip
34683

Country
USA

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3398268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MELODY S
1269 HOLIDAY DR
TARPON SPRINGS, FL 34689**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD
NAME **STONE, G. MICHAEL** ☐ Delete
STREET ADDRESS **7512 RIDGE ROAD, RIDGEWOOD EXEC. CENTER**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE STD
NAME **WILLIAMS, MELODY** ☐ Delete
STREET ADDRESS **1269 HOLIDAY DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34685**

TITLE D
NAME **BRADY, HAROLD L** ☐ Delete
STREET ADDRESS **1028 ROSETREE LANE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 all other like empowered.

SIGNATURE: *Melody S. Williams* **Melody S. Williams**

4/13/06

727-787-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #