

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006516

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** PETER T. ASSIMACK MEMORIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

4705 ALTERNATE 19  
UNIT B  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

4705 ALTERNATE 19  
UNIT B  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

4705 ALTERNATE 19  
UNIT B  
PALM HARBOR, FL 34683

**FEI Number:** 59-3398268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, MELODY S  
1269 HOLIDAY DR  
TARPON SPRINGS, FL 34689 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: PD  
Name: STONE, G. MICHAEL  
Address: 7512 RIDGE ROAD, RIDGEWOOD EXEC. CENTER  
City-St-Zip: PORT RICHEY, FL 34668

Title: STD  
Name: WILLIAMS, MELODY  
Address: 1269 HOLIDAY DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34685

Title: D  
Name: BRADY, HAROLD L  
Address: 1028 ROSETREE LANE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: MELODY S. WILLIAMS

DIR

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date