

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N96000006609

1. Entity Name
POP AGUIAR ATHLETIC SCHOLARSHIP FUND, INC.



Principal Place of Business

**C/O GILLY AGUIAR
1889 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168**

Mailing Address

**C/O GILLY AGUIAR
1889 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168**



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3413786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COTE, SHERRY MARIE ESQ
255 OAK LAKE LANE
NEW SMYRNA BEACH, FL 32168**

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IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGUIAR, GILBERT V
823 OCEAN AVENUE
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGUIAR, ELIZABETH
823 OCEAN AVENUE
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COTE, SHERRY MARIE ESQ
255 OAK LAKE LANE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000388945
01/23/06-80005-018 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

GILBERT AGUIAR 1/11/06