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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001451 (0)**

1. Corporation Name

FRANK B. FARR MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

**200 EAST BROAD STREET
GROVELAND FL 34736**

**200 EAST BROAD STREET
GROVELAND FL 34736**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3448633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

**RICE, JEFFERY A
7429 COUNTY ROAD 6658
GROVELAND FL 34736**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
RICE, JEFFERY A
POST OFFICE BOX 67 N/A
GROVELAND FL 34736**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
GERACI, JANE
1143 KANSAS AVENUE
GROVELAND FL 34736**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
FAIRCHILD, JOE E
470 WALDO STREET
GROVELAND FL 34736**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
STORY, MIRIAM R
200 EAST BROAD STREET
GROVELAND FL 34736**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BAILEY, DONALD A
8510 BAILEY DRIVE
CLERMONT FL 34711**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LEININGER, BOB L
1910 BRANTLEY CIRCLE
CLERMONT FL 34711**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**D
Stephen W. Parrish
1340 Highway 27
Clermont, FL 34711**

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**D
Mark I. McLin
1910 Brantley Circle
Clermont, FL 34711**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**D
Wayne M. Turner
11119 Preston Cove Road
Clermont, FL 34711**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**D
Bob L. Leininger
PO Box 494 n/a
Groveland, FL 34736**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffery A. Rice Jeffery A. Rice

March 3, 1998 (352)429-3997

CR2037 (10/97)