

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90002 014 ****61.25

DOCUMENT # **N97000001451**

1. Corporation Name

FRANK B. FARR MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business

**200 EAST BROAD STREET
GROVELAND FL 34736**

Mailing Address

**200 EAST BROAD STREET
GROVELAND FL 34736**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RICE, JEFFERY A
7429 COUNTY ROAD 565B
GROVELAND FL 34736**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICE, JEFFERY A	
STREET ADDRESS	POST OFFICE BOX 67 N/A	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GERACI, JANE	
STREET ADDRESS	1143 KANSAS AVENUE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FAIRCHILD, JOE E	
STREET ADDRESS	470 WALDO STREET	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STORY, MIRIAM R	
STREET ADDRESS	200 EAST BROAD STREET	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, DONALD A	
STREET ADDRESS	8510 BAILEY DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEININGER, BOB L	
STREET ADDRESS	P.O. BOX 494 N/A	
CITY-ST-ZIP	GROVELAND FL 34736	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark I. McLin	
1.3 STREET ADDRESS	1910 Brantley Circle	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen W. Parrish	
2.3 STREET ADDRESS	1340 Highway 27	
2.4 CITY-ST-ZIP	Clermont, FL 34711	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wayne M. Turner	
3.3 STREET ADDRESS	11119 Preston Cove Road	
3.4 CITY-ST-ZIP	Clermont, FL 34711	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 **352-429-3997**
Date Daytime Phone #

CR2E037-(11/98)