

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90004 049 ****61.25

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01062004 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000001619 1. Entity Name NWFMOA SCHOLARSHIP FUND, INC.					
Principal Place of Business 131 WYNNEHAVEN BEACH ROAD MARY ESTHER, FL 32569			Mailing Address 131 WYNNEHAVEN BEACH ROAD MARY ESTHER, FL 32569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3434498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CULLEN, WILLIAM J 131 WYNNEHAVEN BEACH ROAD MARY ESTHER, FL 32569				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUNN, FRANKLIN K		NAME		
STREET ADDRESS	1069 EMERALD BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIRNEY, JOHN A		NAME		
STREET ADDRESS	51 POQUITO ROAD		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 325791115		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, HILL		NAME		
STREET ADDRESS	2403 PARKER DR		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 325782316		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, JACK		NAME		
STREET ADDRESS	200 MIRACLE STRIP PKWY. S.W. #205		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDAN, THOMAS		NAME	THOMAS GORDAN SAMIE	
STREET ADDRESS	731 FORREST SHORES DR		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 325692704		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, JAMES F		NAME		
STREET ADDRESS	200 WYNNEHAVEN BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 325692717		CITY-ST-ZIP		
12. 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 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 another like empowered.					
SIGNATURE: <i>William J. Cullen</i> (William J. Cullen)			Date: JAN 10/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: (850)-581-0306		