2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3434498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, WILLIAM J
131 WYNNEHAVEN BEACH ROAD
MARY ESTHER, FL 32569

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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 ______________________________

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLUNN, FRANKLIN K
STREET ADDRESS	1069 EMERALD BAY DRIVE
CITY ST ZIP	DESTIN, FL 32541
TITLE	D
NAME	SIRNEY, JOHN A
STREET ADDRESS	51 POQUITO ROAD
CITY ST ZIP	SHALIMAR, FL 325791115
TITLE	D
NAME	HOWARD, HILL
STREET ADDRESS	2403 PARKER DR
CITY ST ZIP	NICEVILLE, FL 325782316
TITLE	D
NAME	GARDNER, JACK
STREET ADDRESS	200 MIRACLE STRIP PKWY. S.W. #205
CITY ST ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	GORDAN, THOMAS
STREET ADDRESS	731 FORREST SHORES DR
CITY ST ZIP	MARY ESTHER, FL 325692704
TITLE	D
NAME	MCCARTHY, JAMES F
STREET ADDRESS	200 WYNNEHAVEN BEACH RD
CITY ST ZIP	MARY ESTHER, FL 325692717

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02/05/05-80056-015 61.25

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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 all other like empowered.

SIGNATURE: William J Cullen — WILLIAM J. CULLEN SEC/TREAS — Feb 2, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #