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Mar 20 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004321 (2)

1. Corporation Name

USMC TAG/SCHOLARSHIP FUND, INC.



Principal Place of Business
7223 61ST AVE N
ST PETERSBURG FL 33709-1345

Mailing Address
7223 61ST AVE N
ST PETERSBURG FL 33709-1345

3. Date Incorporated or Qualified
07/28/1997

4. FEI Number
Applied For
☒ Not Applicable

2. Principal Place of Business
21 5530 - 80TH ST. N.
Suite, Apt. #, etc.
22 # D-208
City & State
23 ST. PETERSBURG, FL
Zip
24 33709-5804 Country
25 PINELLAS

2a. Mailing Address
26 5530 - 80TH ST. N.
Suite, Apt. #, etc.
27 # D-208
City & State
28 ST. PETERSBURG, FL
Zip
29 33709-5804 Country
30 PINELLAS

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

9. Name and Address of Current Registered Agent
DIPOTO, SABATTINO
7223 61ST AVE N
ST PETERSBURG FL 33709-1345

10. Name and Address of New Registered Agent
81 Name R. JAMES STEVENS
82 Street Address (P.O. Box Number is Not Acceptable)
7708 HIGHWATER DR., #F-7
83
84 City NEW PORT RICHEY FL 85 Zip Code 34655-2828

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 R. JAMES STEVENS
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE 1/23/98

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	FASANO, MICHAEL J	STREET ADDRESS	5530 80TH ST N #D-208	CITY-ST-ZIP	ST PETERSBURG FL 33709	<input type="checkbox"/> DELETE
TITLE	D	NAME	ST JOHN, DUANE	STREET ADDRESS	333 CALHOUN AVE	CITY-ST-ZIP	DESTIN FL 32541-1507	<input type="checkbox"/> DELETE
TITLE	D	NAME	DIPOTO, SABATTINO	STREET ADDRESS	7223 61ST AVE N	CITY-ST-ZIP	ST PETERSBURG FL 33709-1345	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	STEVENS, R. JAMES	STREET ADDRESS	7708 HIGHWATER DR #F-7	CITY-ST-ZIP	NEW PORT RICHEY FL 34655-2828	<input type="checkbox"/> DELETE
TITLE	D	NAME	MESSINGER, ALICE	STREET ADDRESS	P.O. Box 353587	CITY-ST-ZIP	PALM COAST, FL 32135-3587	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN CEO DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL J. FASANO	
1.3 STREET ADDRESS	5530 80TH ST NO D-208	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
2.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUANE ST JOHN	
2.3 STREET ADDRESS	333 CALHOUN AVE	
2.4 CITY-ST-ZIP	DESTIN FL 32541-1507	
3.1 TITLE	SABATTINO DIPOTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7223 61ST AVE NO	
3.3 STREET ADDRESS	ST. PETERSBURG FL 33709-1345	
3.4 CITY-ST-ZIP		
4.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEVENS R. JAMES	
4.3 STREET ADDRESS	7708 HIGHWATER DR #F7	
4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655-2828	
5.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALICE MESSINGER	
5.3 STREET ADDRESS	P.O. Box 353587	
5.4 CITY-ST-ZIP	PALM COAST FL 32135-3587	
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.

SIGNATURE: MICHAEL J. FASANO 1-23-98 812-544-2452

CR2E037 (10/97)