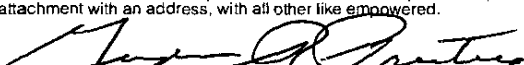


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90021 007 ****61.25

DOCUMENT # N98000006229 1. Entity Name: MOAACC SCHOLARSHIP CORPORATION					
Principal Place of Business PO BOX 254708 PATRICK AFB, FL 32925-4708 US			Mailing Address P O BOX 254708 PATRICK A F B, FL 32925-4708 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3563724	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURPHY, JOHN C 1800 PENN STREET SUITE 6 MELBOURNE, FL 32901-2625				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	CD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HALL, WILLIAM E			NAME	
STREET ADDRESS	3093 RIO BAYA S			STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 329033724			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	LYNN, ROBERT G			NAME	
STREET ADDRESS	681 SPRING LAKE DR			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 329401957			CITY-ST-ZIP	
TITLE	TD	☐ Delete		TITLE	☒ Change ☐ Addition
NAME	PRENTICE, GORDON R			NAME	
STREET ADDRESS	1093 OLD MILL POND ROAD			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 329406886			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	KONDALL, MAURICE W			NAME	
STREET ADDRESS	625 BARCELONA COURT			STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL 329373907			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MURPHY, J. C.			NAME	
STREET ADDRESS	310 ALBACORE PLACE			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH, FL 329512904			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☒ Addition
NAME				NAME	T/D
STREET ADDRESS				STREET ADDRESS	TEAL, JAMES A.
CITY-ST-ZIP				CITY-ST-ZIP	1677 INDEPENDENCE AVE
				MELBOURNE, FL 32940	
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: 				GORDON R. PRENTICE 1-20-04 321-255-6714	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	