

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000000712

1. Entity Name

RALPH DUEY SCHOLARSHIP FUND, INC.



**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

7311 N.W. 1ST COURT  
PEMBROKE PINES FL 33024

Mailing Address

7311 N.W. 1ST COURT  
PEMBROKE PINES FL 33024



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

52-2170903

Applied For

Not Applicable

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

BONNER, TERRY  
976 NW NORTH RIVER DRIVE  
MIAMI FL 33136

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

T  
NAME CONNER, TERRY  
STREET ADDRESS 976 NW NORTH RIVER DRIVE  
CITY-ST-ZIP MIAMI FL 33136 ☐ Delete

D  
NAME BANKS, WILLIAM  
STREET ADDRESS 7311 N.W. 1ST COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

D  
NAME VERNIE, FRANK  
STREET ADDRESS 7311 N.W. 1ST COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

D  
NAME IDE, PETER  
STREET ADDRESS 905 SW COCONUT DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100000452431  
CITY-ST-ZIP 03/13/06-R0019-020 61.25

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Terry Conner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

3053247181

Date

Daytime Phone #