


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90004 025 \*\*\*\*61.25

<b>DOCUMENT # N99000004973</b>	
1. Entity Name ROTARY CLUB OF SPRING HILL SCHOLARSHIP FUND, INC.	

Principal Place of Business 2518 EVENGLOW AVENUE SPRING HILL, FL 34609 US	Mailing Address 2518 EVENGLOW AVENUE P.O. Box 5737 SPRING HILL, FL 34609 US 34611
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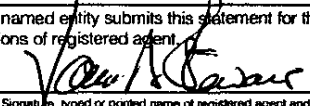
01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3740629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STEWART, JAMES D 2518 EVENGLOW AVENUE P.O. Box 5737 SPRING HILL, FL 34609 34611
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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  JAMES D. STEWART	DATE 1/20/04

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHELLING, DOUGLAS 2 GRANDIFLORAS COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONRAD, PAUL 5299 SUWANNEE RD SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OKULA, CAROL 4309 BLUEWATER AVE. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENDT, BRENDA 10052 HAYES STREET SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEWART, JAMES D 2518 EVENGLOW AVENUE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 	1/13/04 352688.7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #