


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 022 ****61.25

DOCUMENT # N96000001769

1. Entity Name
MY BROTHER'S/SISTER'S KEEPER SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business
**675 ROYAL PALM BEACH BLVD.
 ROYAL PALM BEACH, FL 33411**

Mailing Address
**675 ROYAL PALM BEACH BLVD.
 ROYAL PALM BEACH, FL 33411**

50021229



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02222005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0672664

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTAMARIA, CHRISTOPHER ESQ.
 675 ROYAL PALM BEACH BLVD.
 ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

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

Filing Fee Is \$61.25 Due by May 1, 2005

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SANTAMARIA, JESS R	
STREET ADDRESS	255 PONDEROSA COURT	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTAMARIA, VICTORIA	
STREET ADDRESS	255 PONDEROSA COURT	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	T	<input type="checkbox"/> Delete
NAME	TEMPLETON, STEVE	
STREET ADDRESS	540 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, ROBERT D	
STREET ADDRESS	590 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Templeton, Steve	
STREET ADDRESS	222 Lakeview Avenue, Suite 1200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **02/25/05** **(561) 793-2350**

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

Jess R. Santamaria