



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0672664	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	
SANTAMARIA, CHRISTOPHER ESQ. 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411	

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PT SANTAMARIA, JESS R 255 PONDEROSA COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTAMARIA, VICTORIA 255 PONDEROSA COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEMPLETON, STEVE 222 LAKEVIEW AVE STE 1200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, ROBERT D 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000621643
02/12/07-80025-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **02/01/07** (561) 793-2350
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #