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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704886 (1)
 1. Corporation Name
PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC.



Principal Place of Business 708 9TH STREET FORT PIERCE FL 34950 US	Mailing Address C/O CAROLYN HARTLEY 708 9 ST FORT PIERCE FL 34950 US
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3. Date Incorporated or Qualified 12/06/1962		
4. FEI Number 59-6147872	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SMITH, SANDRA
6405 NW 18 AVE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name Carolyn Hartley
82 Street Address (P.O. Box Number Is Not Acceptable) 708 South 9th Street
83
84 City Ft. Pierce FL 85 Zip Code 34950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Carolyn A. Hartley, President* DATE **04/10/98**

12. OFFICERS AND DIRECTORS

TITLE V	<input type="checkbox"/> DELETE
NAME HARTLEY, CAROLYN	
STREET ADDRESS 708 9 ST	
CITY-ST-ZIP FORT PIERCE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DENBLEYKER, JEAN	
STREET ADDRESS 116 NE 32 AVE	
CITY-ST-ZIP OCALA FL	
TITLE P	<input type="checkbox"/> DELETE
NAME SMITH, SANDRA	
STREET ADDRESS 6405 NW 18 AVE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE T	<input type="checkbox"/> DELETE
NAME EDENFIELD, CHARLOTT	
STREET ADDRESS ROUTE 2 BOX 560	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME COSTA, HELEN	
STREET ADDRESS 1235 EDDIE DR	
CITY-ST-ZIP PORT ORANGE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HILL, LINDA	
STREET ADDRESS 600 DEERFIELD RD	
CITY-ST-ZIP ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Emily C. Kroeger	
2.3 STREET ADDRESS 2266 Pope Avenue	
2.4 CITY-ST-ZIP South Daytona, FL 32119-2607	
3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Belinda Hawkins	
6.3 STREET ADDRESS 820 Mockingbird Drive	
6.4 CITY-ST-ZIP Port Orange, FL 32127	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn A. Hartley* **REQUIRED** 4-3-98 904-258-3123

CR2E037 (10/97)