


FILE NOW: FILING FEE IS \$61.25

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90020 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704886

1. Corporation Name
PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC.

051793-90020-10

Principal Place of Business 708 9TH STREET FORT PIERCE FL 34950 US	Mailing Address C/O CAYOLYN HARTLEY 708 9 ST FORT PIERCE FL 34950 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6147872
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARTLEY, CAROLYN 708 SOUTH 9TH STREET FT PIERCE FL 34950		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HARTLEY, CAROLYN	1.2 NAME	
STREET ADDRESS	708 9 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KROEGER, EMILY C	2.2 NAME	
STREET ADDRESS	2266 POPE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119-2607	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SMITH, SANDRA	3.2 NAME	
STREET ADDRESS	6405 NW 18 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PE EDENFIELD, CHARLOTT	4.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 560	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COSTA, HELEN	5.2 NAME	
STREET ADDRESS	1235 EDDIE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HAWKINS, BELINDA	6.2 NAME	
STREET ADDRESS	820 MOCKINGBIRD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-17-99 DAYTIME PHONE #: 904-258-3123

CR2E037 (1/98)