

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90047 006 ****61.25

DOCUMENT # 704886
 1. Entity Name
 Pilot Scholarship House Foundation, Florida District, Inc.

Principal Place of Business
 708

Mailing Address
 c/o Jane P. Burton, Treasurer
 1849 25th Street
 Vero Beach, FL 32960

2. Principal Place of Business
 c/o Southern Scholarship Foundation
 Suite, Apt. #, etc.
 322 Stadium Drive

3. Mailing Address
 c/o Jane P. Burton, Treasurer
 Suite, Apt. #, etc.
 1849 25th Street

City & State
 Tallahassee, FL

City & State
 Vero Beach, FL

Zip
 32304

Country
 Leon

Zip
 32960

Country
 Indian River

4. FEI Number
 59-8147872

Applied For
 Not Applicable

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

00084476
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Hartley, Carolyn
 708 South 9th Street
 Ft. Pierce, FL 34950

7. Name and Address of New Registered Agent
 Name
 Jane P. Burton
 Street Address (P.O. Box Number is Not Acceptable)
 1849 25th Street
 City
 Vero Beach FL Zip Code
 32960

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.

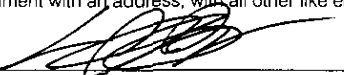
SIGNATURE Jane P. Burton  DATE 04-15-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P Hartley, Carolyn 708 9 th St Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T Kroeger, Emily C 2266 Pope Avenue South Daytona FL 32119-2607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D Smith, Sandra 8405 NW 18 th Avenue Gainesville, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PE Edenfield, Charlotte Route 2 Box 560 Tallahassee FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D Costa, Helen 1235 Eddie Dr. Port Orange, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D Hawkins, Belinda 820 Mockingbird Drive Port Orange, FL 32127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Hartley, Carolyn 708 9 th St. Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Dixon, Dene' 1445 Mitchell Avenue Tallahassee, FL 32303-5840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Bassett, Mary Emma Rt. 2 Box 257 B Guiney, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Edenfield, Charlotte 3181 Chaires Cross Rd. Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Burton, Jane 1849 25 th Street Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PE Hawkins, Belinda 820 Mockingbird Drive Port Orange, FL 32127

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: Jane P. Burton, Treasurer  DATE 04/25/2000 DAYTIME PHONE # 561/589-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)