


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90038 007 ****61.25

DOCUMENT # 704886 1. Entity Name PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC.					
Principal Place of Business %SOUTHERN SCHOLARSHIP FOUNDATION 322 STADIUM DR. TALLAHASSEE, FL 32304 US			Mailing Address %JANE P. BURTON, TREASURER 1849 -25TH ST. VERO BEACH, FL 32960 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-6147872				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURTON, JANE P 1849 -25TH ST. VERO BEACH, FL 32960				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUDINE, ANITA		NAME	PEELER, CAROLYN	
STREET ADDRESS	ONE MONTIGUE		STREET ADDRESS	655 21 STREET	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D PE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEVES, PHYLLIS		NAME	STEVENSON, LYNN	
STREET ADDRESS	18468 CUTLASS DRIVE		STREET ADDRESS	2085 AIA SOUTH, STE 104	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDENFIELD, CHARLOTT		NAME		
STREET ADDRESS	3187 CHAIRES CROSS RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	PE P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JANE		NAME		
STREET ADDRESS	1849 25TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	P D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, BELINDA		NAME		
STREET ADDRESS	820 MOCKINGBIRD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/2/2004 772/569-2284 <small>Date Daytime Phone #</small>		