2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90191 021 ****62.50 **DOCUMENT # 704886** 1. Entity Name PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC. Mailing Address Principal Place of Business %JANE P. BURTON, TREASURER %SOUTHERN SCHOLARSHIP FOUNDATION 50048680 1849 -25TH ST. 322 STADIUM DR. TALLAHASSEE, FL 32304 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address 01062005 Chg-NP Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E037 (10/03) 4. FEI Number 59-6147872 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURTON, JANE P Street Address (P.O. Box Number is Not Acceptable) 1849 -25TH ST. VERO BEACH, FL 32960 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PEID Delete TITLE **Addition** TITLE ☐ Change Stephenson, Lynne **TUDINE, ANITA** NAME NAME 3161 Mac Roud ONE MONTIGUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34951 CITY-ST-ZIP St. angustine FL 32086 TITLE PF Delete TITLE Change Addition Edenfield Charlotte 3181 Chaires Crass Road RIEVES, PHYLIS NAME NAME STREET ADDRESS 18468 CUTLASS DRIVE STREET ADDRESS FORT MYERS BEACH, FL 33931 CITY - ST - 71P CITY-ST-ZIP Tallahassee, FL 32317 Addition **☑** Delete TITLE Change TITLE NAME PEELER, CAROLYN NAME 4903 NW 41 St Street STREET ADDRESS 655 21 ST. STREET ADDRESS Gaines Ville FL 32606 CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME BURTON, JANE NAME STREET ADDRESS STREET ADDRESS **1849 25TH STREET** CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE Delete tiTLE ☐ Change ☐ Addition HAWKINS, BELINDA NAME NAME 820 MOCKINGBIRD DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Prasident

4/25/2005- 772/569-22