

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90091 006 ****61.25

DOCUMENT # F96000003986

1. Entity Name
CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC



Principal Place of Business

**1505 RIVERVIEW ROAD
SAINT PETER MN 56082**

Mailing Address

**1505 RIVERVIEW ROAD
SAINT PETER MN 56082**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-2296967**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **MCGRATH, PHYLLIS**
STREET ADDRESS **2 AUSTIN DRIVE**
CITY-ST-ZIP **BASKING RIDGE NJ 07920**

TITLE **PD** ☐ Delete
NAME **NELSEN, WILLIAM C DR**
STREET ADDRESS **1505 RIVERVIEW RD**
CITY-ST-ZIP **ST PETER MN 56082**

TITLE **VPD** ☐ Delete
NAME **MAHONEY, LINDA**
STREET ADDRESS **7703 NORMANDALE RD 110**
CITY-ST-ZIP **MINNEAPOLIS MN 55435**

TITLE **VPD** ☐ Delete
NAME **VOGEL, FRED P**
STREET ADDRESS **1505 RIVERVIEW RD**
CITY-ST-ZIP **ST PETER MN 56082**

TITLE **VPD** ☒ Delete
NAME **SPILLERS, ALAN**
STREET ADDRESS **7703 NORMANDALE RD., #110**
CITY-ST-ZIP **MINNEAPOLIS MN 55435**

TITLE **D** ☒ Delete
NAME **DAVIS, BETTY**
STREET ADDRESS **10 PARK PLACE, STE 24, C/O FALTON CO HOUSE**
CITY-ST-ZIP **ATLANTA GA 30303**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Ashok Bakhru**
STREET ADDRESS **1505 Riverview Rd**
CITY-ST-ZIP **St. Peter, MN 56082**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Susan Weinberger**
STREET ADDRESS **1505 Riverview Rd**
CITY-ST-ZIP **St. Peter, MN 56082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **FOR FILING REQUIRED**

1-28-03

507-931-0405

CR2E037 (10/02)