

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012028

FILED  
Jan 12, 2007  
Secretary of State

**Entity Name:** NATIONAL HBCU SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 915115  
LONGWOOD, FL 32791

**New Principal Place of Business:**

812 SWEETWATER CLUB BLVD  
LONGWOOD, FL 32779

**Current Mailing Address:**

P.O. BOX 915115  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 20-3862640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, FLORENCE DR.  
812 SWEETWATER CLUB BLVD.  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ALEXANDER, FLORENCE DR.  
Address: P.O. BOX 915115  
City-St-Zip: LONGWOOD, FL 32791

Title: SEC. ( ) Delete  
Name: ALEXANDER, STANLEY DR.  
Address: P.O. BOX 915115  
City-St-Zip: LONGWOOD, FL 32791

Title: TRES ( ) Delete  
Name: ALEXANDER, STANLEY DR.  
Address: P.O. BOX 915115  
City-St-Zip: LONGWOOD, FL 32791

Title: PARL ( ) Delete  
Name: BLANCO, IVETTE MS  
Address: 407 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete  
Name: WOOTEN, MICHELLE MS  
Address: 180 LIVINGTON STREET  
City-St-Zip: BROOKLYN, NY 11201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. FLORENCE ALEXANDER

P

01/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date