

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 91296 050 ****61.25

DOCUMENT # N39688

1. Entity Name

AMERICAN ASSOCIATION OF STATE TROOPERS SCHOLARSH

2A

Principal Place of Business

1949 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308
US

Mailing Address

1949 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308
US

74503

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3054670

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, ALAN J. Alan
1660 METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

Name
J. Alan Cox

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

1660 Metropolitan Circle

City
Tallahassee

FL

Zip Code

32308-3731

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

J. Alan Cox

J. Alan Cox registered agent

June 8, 2001

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~JOHNSON, J D~~
2950 SPRING CHASE LANE
MARIANNA FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer / ☒ Change ☐ Addition
Johnson, J.D.
2950 Spring Chase Lane
Marianna, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~GREGG, GERRY~~
10010 S.W. ARTHUR COURT
WILSONVILLE OR 97070

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman / ☐ Change ☒ Addition
J. Alan Cox
1660 Metropolitan Circle
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~JOHNSON, V J~~
400 STONEHOUSE ROAD
TALLAHASSEE FL 02001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Chairman / ☐ Change ☒ Addition
Robert Yoakum
1194 Highway 54 East
Covington, TN 38019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~THOMAS, FRANK~~
1200 G. BRADY STREET
DURHAM PA 15001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member / ☐ Change ☒ Addition
Paula Fortunas
225 University Center, Bldg. C #3100
Tallahassee, FL 32306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~GOLLING, JIM~~
41044 MARION OAKS
TUSCALOOSA AL 35405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member / ☐ Change ☒ Addition
Jim McMichael
2549 Tallavana Trail
Havana, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member / ☐ Change ☒ Addition
Thomas Moore
1949 Raymond Diehl Road P.O. 17626
Tallahassee, FL 32308 Pensacola, FL 32522-7626

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:

SIGNATURE REQUIRED

4/24/01 (856)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2007 (10/00)