
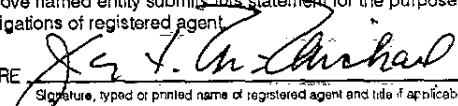
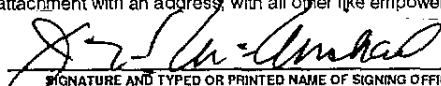


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39688</b> 1. Entity Name <b>AMERICAN ASSOCIATION OF STATE TROOPERS SCHOLARSHIP FOUNDATION, INC.</b>					
Principal Place of Business <b>1949 RAYMOND DIEHL ROAD                  TALLAHASSEE FL 32308                  US</b>		Mailing Address <b>1949 RAYMOND DIEHL ROAD                  TALLAHASSEE FL 32308                  US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3054670</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COX, J. ALAN                  1660 METROPOLITAN CIRCLE                  TALLAHASSEE FL 32308</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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	
<b>FILE NOW: FEE IS \$61.25                  Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, J D		NAME	U00000288348 04/05/05-80006-009 61.25	
STREET ADDRESS	2950 SPRING CHASE LANE		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		CITY-ST-ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TESCHNER, MIMI C		NAME		
STREET ADDRESS	PO BOX 3825		STREET ADDRESS		
CITY-ST-ZIP	ASPEN CO 81612		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOAKUM, ROBERT ✓		NAME		
STREET ADDRESS	1194 HIGHWAY 54 EAST		STREET ADDRESS		
CITY-ST-ZIP	COVINGTON TN 38019		CITY-ST-ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTUNAS, PAULA		NAME		
STREET ADDRESS	6264 MAHAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMICHAEL, JIM		NAME		
STREET ADDRESS	2549 TALLAVANA TRIAL		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWES, KENNETH C		NAME		
STREET ADDRESS	1319 LANDOVER CT.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		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)(f), 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 DIRECTOR		Date _____ Daytime Phone # _____	