

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 033 ****61.25

DOCUMENT # N39688

1. Entity Name

AMERICAN ASSOCIATION OF STATE TROOPERS
SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business

1949 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308
US

Mailing Address

1949 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3054670

Applied For

Not Applicable

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, J. ALAN
1660 METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

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
Due By May 1, 2006**

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: STD ☐ Delete
NAME: JOHNSON, J D
STREET ADDRESS: 2950 SPRING CHASE LANE
CITY-ST-ZIP: MARIANNA FL 32446

TITLE: BMD ☐ Delete
NAME: TESCHNER, MIMI C
STREET ADDRESS: PO BOX 3825
CITY-ST-ZIP: ASPEN CO 81612

TITLE: VCD ☐ Delete
NAME: YOAKUM, ROBERT
STREET ADDRESS: 1194 HIGHWAY 54 EAST
CITY-ST-ZIP: COVINGTON TN 38019

TITLE: BMD ☐ Delete
NAME: FORTUNAS, PAULA
STREET ADDRESS: 6264 MAHAN DRIVE
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: C ☒ Delete
NAME: MCMICHAEL, JIM
STREET ADDRESS: 2549 TALLAVANA TRIAL
CITY-ST-ZIP: HAVANA FL 32333

TITLE: BMD ☐ Delete
NAME: HOWES, KENNETH C
STREET ADDRESS: 1319 LANDOVER CT.
CITY-ST-ZIP: TALLAHASSEE FL 32311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: C ☐ Change ☒ Addition
NAME: York, N. Wayne
STREET ADDRESS: 43906 Jendo Ln
CITY-ST-ZIP: Pendleton, OR 97801

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:

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 exemptions contained in Section 119, 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]

1-25-06

850 385 7904