

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001092 (5)

1. Corporation Name

JAN STEPHENSON SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

7601 DELLA DR
ORLANDO FL 32819

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ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

04/15/94

4. FEI Number

59-3238383

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1231 Garden Street

26 1231 Garden Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27 Suite 204

City & State

City & State

23 Titusville, Florida

28 Titusville, Florida

Zip

Country

Zip

Country

24 32796

25 U.S.A.

29 32796

30 U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199 (32), Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
WALTER A. CERRATO, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
1231 GARDEN STREET, SUITE 204
83
84 City
TITUSVILLE FL 85 Zip Code
32796

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

Walter A. Cerrato Jr. 4/12/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOK, KATHY
STREET ADDRESS	7601 DELLA DR
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	WALTER A. CERRATO, JR.	
1.3 STREET ADDRESS	1231 Garden Street, Suite 204	
1.4 CITY - ST - ZIP	Titusville, Florida 32796	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	LINDA R. LAKIN	
2.3 STREET ADDRESS	1231 Garden Street, Suite 204	
2.4 CITY - ST - ZIP	Titusville, Florida 32796	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	WILLIAM R. LAKIN	
3.3 STREET ADDRESS	1231 Garden Street, Suite 204	
3.4 CITY - ST - ZIP	Titusville, Florida 32796	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter A. Cerrato Jr.

(Signature and typed or printed name of signing officer or director)

(Date)

Daytime Phone #

Walter A. Cerrato Jr. 4/12/95 407-268-0444