
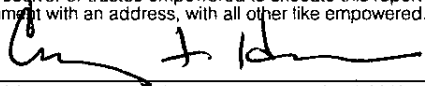


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90062 036 \*\*\*\*61.25

<b>DOCUMENT # 705385</b> 1. Entity Name <b>BASIL L. KING SCHOLARSHIP FOUNDATION, INC.</b>					
Principal Place of Business <b>403 SOUTH 6TH STREET FORT PIERCE FL 34950</b>				Mailing Address <b>403 SOUTH 6TH STREET FORT PIERCE FL 34950</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0651084</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FEE, FRANK H III, ESQ 401 SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34950</b>				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</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 NAME STREET ADDRESS CITY-ST-ZIP	CD <b>KING, BASIL L</b> <input type="checkbox"/> Delete <b>FEE, FRANK H. III</b> <b>401 S. Indian River Drive</b> <b>FT. Pierce, FL 34950</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD <b>HARRIS CRAIG P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>403 S. 6th Street</b> <b>FT. Pierce, FL 34950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>JOHNSTON, FREDERICK T</b> <input type="checkbox"/> Delete <b>334 S.E. NARANJA AVENUE</b> <b>PORT ST. LUCIE FL 34952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENTON MARGARET</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>800 Virginia Avenue #10</b> <b>FT. Pierce, FL 34982</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CAMBRON, C. ROBERT M.D.</b> <input type="checkbox"/> Delete <b>715 LAGOON ROAD</b> <b>VERO BEACH FL 32960</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HAISLEY JIMMIE ANNE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>909 VIRGINIA AVENUE</b> <b>FT. PIERCE, FL 34982</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ABERNATHY, JR, BRUCE</b> <input type="checkbox"/> Delete <b>2400 S OCEAN DRIVE CORAL #1113</b> <b>FORT PIERCE FL 34982</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOWELSON BILL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1109 BOSTON AVE</b> <b>BOSTON FT PIERCE FL 34950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GATES, PHILIP C SR</b> <input type="checkbox"/> Delete <b>2323 S. INDIAN RIVER DR</b> <b>FT PIERCE FL 34982</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALLEN, BARBARA</b> <input type="checkbox"/> Delete <b>281 MARINA DRIVE</b> <b>FT. PIERCE FL 34949</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Craig F. Harris</b> EXECUTIVE DIRECTOR <b>1/26/04</b> <b>464-2034</b> (172)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					