

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

FILED
Jan 27, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

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|--|--|--|--|--|--|
| DOCUMENT # 705385 1. Entity Name BASIL L. KING SCHOLARSHIP FOUNDATION, INC. | | | | | |
| Principal Place of Business 403 SOUTH 6TH STREET FORT PIERCE FL 34950 | | Mailing Address 403 SOUTH 6TH STREET FORT PIERCE FL 34950 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-0651084 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FEE, FRANK H III, ESQ 401 SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34950 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD FEE, FRANK H III 401 S INDIAN RIVER. FT PIERCE FL 34950 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: center;"> UN00000403825 02/06/06-80026-011 61.25 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JOHNSTON, FREDERICK T 334 S.E. NARANJA AVENUE PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAMBRON, C. ROBERT M.D. 715 LAGOON ROAD VERO BEACH FL 32960 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED HARRIS, CRAIG F 403 S 6TH STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GATES, PHILIP C SR 2323 S. INDIAN RIVER DR FT PIERCE FL 34982 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, BARBARA 281 MARINA DRIVE FT. PIERCE FL 34949 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| 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: Craig F. Harris, Executive Director, 1/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |