

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

1 FILED
Feb 23 2004 08:00 AM
Secretary of State
61.25

DOCUMENT # 740225 1. Entity Name NATIONAL FOUNDATION OF COMMENDED SCHOLARS, INC.					
Principal Place of Business 1550 N 13TH AVENUE PENSACOLA FL 32503			Mailing Address 1550 N 13TH AVENUE PENSACOLA FL 32503		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1791602	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLSTON, WILLIAM J. 1550 NORTH 13TH AVENUE PENSACOLA FL 32503				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD HOLSTON, WILLIAM J 1550 NORTH 13TH AVENUE PENSACOLA, FL 0	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000060950 02/23/04-80059-007 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOLSTON, WENDY LEE 1550 NORTH 13TH AVENUE PENSACOLA, FL 0	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOLSTON, BEATRICE 1550 NORTH 13TH AVENUE PENSACOLA, FL 0	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William J. Holston WILLIAM J. HOLSTON 2/17/04 850-434-2294