

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005625 (7)
1. Corporation Name
THE ST. PETERSBURG TIMES SCHOLARSHIP FUND, INC.



Principal Place of Business 480 FIRST AVENUE SOUTH ST PETERSBURG FL 33701	Mailing Address 490 FIRST AVENUE SOUTH ST PETERSBURG FL 33701
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3. Date Incorporated or Qualified 11/17/1995		
4. FEI Number 59-6142547	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RAHDERT, GEORGE K
535 CENTRAL AVENUE
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BARNES, ANDREW E	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROALES, JUDITH	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOLEY, MICHAEL F	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROALES, JUDITH	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAHDERT GEORGE K	
STREET ADDRESS	535 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, SUSAN T	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Maxwell	
1.3 STREET ADDRESS	490 First Avenue South	
1.4 CITY-ST-ZIP	ST PETERSBURG FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeanne Grinstead	
2.3 STREET ADDRESS	490 First Avenue South	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roy Peter Clark	
3.3 STREET ADDRESS	801 Third St. SOUTH	
3.4 CITY-ST-ZIP	ST PETERSBURG FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sherry Robinson	
4.3 STREET ADDRESS	490 FIRST AVENUE SOUTH	
4.4 CITY-ST-ZIP	ST PETERSBURG	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:  **Michael F. Foley** 4-30-98 813-893-8350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080653

CR2E037 (10/97)