

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005625
1. Corporation Name
THE ST. PETERSBURG TIMES SCHOLARSHIP FUND, INC.

Principal Place of Business: 490 FIRST AVENUE SOUTH ST PETERSBURG FL 33701
Mailing Address: 490 FIRST AVENUE SOUTH ST PETERSBURG FL 33701



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	11/17/1995
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-6142547
24. Country	29. Country	Applied For
	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		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

9. Name and Address of Current Registered Agent RAHDERT, GEORGE K 535 CENTRAL AVENUE ST PETERSBURG FL 33701	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, ANDREW E	1.2 NAME	
STREET ADDRESS	490 FIRST AVENUE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROALES, JUDITH	2.2 NAME	
STREET ADDRESS	490 FIRST AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, MICHAEL F	3.2 NAME	
STREET ADDRESS	490 FIRST AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROALES, JUDITH	4.2 NAME	
STREET ADDRESS	490 FIRST AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHDERT GEORGE K	5.2 NAME	
STREET ADDRESS	535 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, B	6.2 NAME	
STREET ADDRESS	490 FIRST AVE S	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	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, with all other like empowered.

SIGNATURE: _____ DATE: 1-12-99 PHONE: 727-892-2219

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CR2E037 (11/98)