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FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F9600000398(2)**
1. Corporation Name
CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC.

Principal Place of Business: 7600 Parklawn, #248 Minneapolis, MN 55435-5128
Mailing Address: 7600 Parklawn, #248 Minneapolis, MN 55435-5128

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: 8/2/96
3a. Date of Last Report
4. FEI Number: 04-2296967
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525**

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: FL

31. 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
Signature, typed or printed name of registered agent and, if applicable, the registered agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	Chair	<input type="checkbox"/> DELETE
NAME	Putnam, J. Stephen	
STREET ADDRESS	880 Carillon Pkwy.	
CITY-ST-ZIP	St. Petersburg, FL 33733-2749	D
TITLE	President	<input type="checkbox"/> DELETE
NAME	Nelsen, William C. Dr.	
STREET ADDRESS	1505 Riverview Rd.	
CITY-ST-ZIP	St. Peter, MN 56082	D
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Johnson, Marlys C.	
STREET ADDRESS	1505 Riverview Rd.	
CITY-ST-ZIP	St. Peter, MN 56082	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Vogel, Fred P.	
STREET ADDRESS	1505 riverview Rd.	
CITY-ST-ZIP	St. Peter, MN 56082	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Bullock, Ellis F. Jr.	
STREET ADDRESS	7600 Parklawn, #248	
CITY-ST-ZIP	Minneapolis, MN 55435	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	McLean, Marquita S.	
STREET ADDRESS	5324 Kenwood Rd	
CITY-ST-ZIP	Cincinnati, OH 45227	D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002162110
5.3 STREET ADDRESS	-05/01/97--01075--030
5.4 CITY-ST-ZIP	***61.25
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(h), 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; this is true and correct.

William C. Nelsen 3/27/97