


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 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 # **F96000003986 (4)**
1. Corporation Name
CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC



Principal Place of Business 7600 PARKLAWN #248 MINNEAPOLIS MN 55345-5128	Mailing Address 7600 PARKLAWN #248 MINNEAPOLIS MN 55345-5128
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3. Date Incorporated or Qualified
08/02/1996

4. FEI Number 04-2296967	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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	FL
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D C	<input type="checkbox"/> DELETE	1.1 TITLE DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUTNAM, J STEPHEN		1.2 NAME Putnam, J. Stephen	
STREET ADDRESS 880 CARILLON PKWY		1.3 STREET ADDRESS 880 Carillon Pkwy	
CITY-ST-ZIP ST PETERSBURG FL 33733-2749		1.4 CITY-ST-ZIP St. Petersburg, FL 33733-2749	
TITLE P D	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSEN, WILLIAM C DR		2.2 NAME Nelsen, William C. Dr.	
STREET ADDRESS 1505 RIVERVIEW RD		2.3 STREET ADDRESS 1505 Riverview Rd.	
CITY-ST-ZIP ST PETER MN 56082		2.4 CITY-ST-ZIP St. Peter, MN 56082	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON MARLYS C		3.2 NAME Dan Jorgensen	
STREET ADDRESS 1505 RIVERVIEW RD		3.3 STREET ADDRESS 7600 Parklawn Avenue #248	
CITY-ST-ZIP ST PETER MN 56082		3.4 CITY-ST-ZIP Minneapolis, MN 55435	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE VP - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOGEL, FRED P		4.2 NAME Vogel, Fred P.	
STREET ADDRESS 1505 RIVERVIEW RD		4.3 STREET ADDRESS 1505 Riverview Rd.	
CITY-ST-ZIP ST PETER MN 56082		4.4 CITY-ST-ZIP St. Peter, MN 56082	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE VP - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BULLOCK, ELLIS F JR		5.2 NAME Bullock, Ellis F., Jr.	
STREET ADDRESS 7600 PARKLAWN # 248		5.3 STREET ADDRESS 7600 Parklawn Avenue #248	
CITY-ST-ZIP MINNEAPOLIS MN 55435		5.4 CITY-ST-ZIP Minneapolis, MN 55435	
TITLE D S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCLEAN, MARGUITA S		6.2 NAME Bettye Davis	
STREET ADDRESS 5324 KENWOOD RD		6.3 STREET ADDRESS 10 Park Place, Ste. 24 40 Fulton Co. Housing Authority	
CITY-ST-ZIP CINCINNATI OH 45227		6.4 CITY-ST-ZIP Atlanta, GA 30303	

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: William C. Nelson 1/13/98

CP2E037 (10/97)