## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

## DOCUMENT # **F98000005934**

1. Corporation Name

NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION, INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90059 018 \*\*\*\*61.25

Principal Place of Business		Mailing Address		
PO BOX 391 PORT ST. JOE FL 32457		PO BOX 391 PORT ST. JOE FL 32457		
PORT ST. JUE PL 32457		PONT 31. JUE PE 32437		
Principal Place of Business     2a. Mailli		2a. Mailing Address	<u></u>	Date Incorporated or Qualifed
21 P.O. Box 391				10/23/1998
Suite, Apt. #, etc.		26   D. O. Box 391     Suite, Apt. #, etc.		4. FEI Number X Applied For
22		27		— 59-3528460 Not Applicable
City & State		City & State		5. Certificate of Status Desired Fee Required
	St. Joe, Florida	28 Port St. Jo	e Flori Country	da
_Zip □ ⊃⊃.	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 32	456 25 Gulf		Gulf	10. Name and Address of New Registered Agent
81 Name				
LANCETON DAVID P			BD 04	Langston, David B. Address (P.O. Box Number is Not Acceptable)
LANGSTON, DAVID B				402 Battle Street
402 BATTLE STREET PORT ST. JOE FL 32456				300 300 500 500 500 500 500 500 500 500
FUNI SI.	UOL IL UZTOU		94 64	85 _Zip Code
			84 City	Port St. Joe. <b>FL</b>   32456
10 - 11 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15				
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 DAVID B. LANGSTON/PRESIDENT BLANGSTON 4/20/99				
	Signature, typed or printed name of registered agent		gistered Agent signature n	required with reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	OFFICERS AND	DIRECTORS DELETE	1.1 TITLE	Channe Addition
NAME .	LANGSTON, DAVID B	••	1.2 NAME	Secretary Eric Langston
STREET ADDRESS	402 BATTLE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456		1.4 CITY-ST-ZiP	1
TITLE	V	☐ DELETE	2.1 TITLE	Change 1_Auditori
NAME	WHITE, WILLIE S SR		2.2 NAME	Chaptain
STREET ADDRESS	717 RICHARDSON STREET		2.3 STREET ADORESS	Eugene Raffield
CITY-ST-ZIP	CHATTACHOEE FL 32324		.2.4 CITY-ST-ZIP-	2103 Cypress Avenue
TITLE	T 3	☐ DELETE	3.1 TITLE	Port St. Joe, FL 32456 Change Addition
NAME	HARRIS, HENERY		3.2 NAME	
STREET ADDRESS	304 AVENUE F		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456		3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	☐ Criange ☐ Multiply [ .
NAME	,		4, 2 NAME	
STREET ADDRESS	}		4.3 STREET ADDRESS	
CITY-ST-ZIP		□ ncicte	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	
NAME	ľ		5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME	·	<b>—</b> ***	6.2 NAME	
STREET ADDRESS	1		6.3 STREET ADDRESS	,
3 REE I ADDRESS			6 & CITY, ST. 7ID	

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, withyell other like empowered.

SIGNATURE:

SIGNAT TO SIGNAT TO STATE AND THE AND

4/20/99 22927