

# 2002 UNIFORM BUSINESS REPORT (UBR)

0063166

DOCUMENT # F98000005934

1. Entity Name

NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION, INC.

FILED

02 APR 19 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

402 BATTLE ST  
PORT SAINT JOE FL 32456

PO BOX 391  
PORT ST. JOE FL 32456

2. Principal Place of Business

3. Mailing Address

402 Battle Street  
Suite, Apt. #, etc.

P.O. Box 391  
Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

4. FEI Number

59-3528460

Applied For

Not Applicable

Zip

Country

Zip

Country

32456

GULF

32456

GULF

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, DAVID B  
402 BATTLE STREET  
PORT ST. JOE FL 32456

Name

Langston, David B  
Street Address (P.O. Box Number is Not Acceptable)

402 Battle Street

City

Port St. Joe,

FL

Zip Code

32456

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID B. LANGSTON/FOUNDER DIRECTOR

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME WYNN, ADRAIN  
STREET ADDRESS 237 8TH STREET  
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME LANGSTON, ERIC  
STREET ADDRESS 227 AVENUE D  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SANBORN, MARTHA  
STREET ADDRESS 1018 MARVIN AVENUE  
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME RAFFIELD, EUGENE  
STREET ADDRESS 2103 CYPRESS AVENUE  
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE ☒ Change ☐ Addition  
NAME Co-Chairman  
STREET ADDRESS Raffield, Eugene  
CITY-ST-ZIP 2103 Cypress Avenue  
Port St. Joe, FL 32456

TITLE ☐ Delete  
NAME DAWSON, VANESSA  
STREET ADDRESS 1113 THOMAS DRIVE  
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David B. Langston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)