

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005934

1. Entity Name  
NORRIS D. LANGSTON YOUTH SCHOLARSHIP  
FOUNDATION, INC.



Principal Place of Business  
402 BATTLE ST  
PORT SAINT JOE, FL 32456

Mailing Address  
PO BOX 391  
PORT ST. JOE, FL 32456

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3528460

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

700032516037  
04/13/04--01023--012 \*\*61.25

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

01-02-04

Date

Daytime Phone #