


2005 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		
2. Principal Place of Business 107 Liberty ST Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State PORT ST. JOE FL			City & State		
Zip 32456		Country USA		4. FEI Number 59-3528460	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANGSTON, DAVID B 402 BATTLE STREET PORT ST. JOE, FL 32456				7. Name and Address of New Registered Agent Name DR. DAVID B. LANGSTON Street Address (P.O. Box Number is Not Acceptable) 107 Liberty ST. 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. I am familiar with, and accept the obligations of a registered agent. SIGNATURE David B. Langston 8-8-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WYNN, ADRAIN 237 8TH STREET APALACHICOLA, FL 32320		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LANGSTON, ERIC 227 AVENUE D PORT ST. JOE, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SANBORN, MARTHA 1018 MARVIN AVENUE PORT ST JOE, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800058693858 08/17/05--01040--006 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCH <input type="checkbox"/> Delete RAFFIELD, EUGENE 2103 CYPRESS AVENUE PORT ST JOE, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAWSON, VANESSA 1113 THOMAS DRIVE BLOUNTSTOWN, FL 32424		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Adrain Wynn 08-11-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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