2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# F98000005934

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

Current Principal Place of Business:

402 BATTLE ST
PORT SAINT JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 391
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 59-3528460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WYNN, ADRAIN
Address: 237 8TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: T ( ) Delete
Name: LANGSTON, ERIC
Address: 227 AVENUE D
City-St-Zip: PORT ST. JOE, FL 32456

Title: T ( ) Delete
Name: SANBORN, MARTHA
Address: 1018 MARVIN AVENUE
City-St-Zip: PORT ST JOE, FL 32456

Title: DCH ( ) Delete
Name: RAFFIELD, EUGENE
Address: 2103 CYPRESS AVENUE
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: DAWSON, VANESSA
Address: 1113 THOMAS DRIVE
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. LANGSTON PRES 04/22/2003

Electronic Signature of Signing Officer or Director — Date