


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90147 018 ****61.25

DOCUMENT # N00000001906	
1. Entity Name JOE T. SCHOLARSHIP TRUST, INC.	

Principal Place of Business 501 WEST MEADOW STREET LEESBURG FL 34748	Mailing Address 501 WEST MEADOW STREET LEESBURG FL 34748
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3636182		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, STEPHEN W 1000 WEST MAIN STREET LEESBURG FL 34748	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME MCDANIEL, CHARLIE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 501 WEST MEADOW STREET	CITY-ST-ZIP LEESBURG FL 34748	STREET ADDRESS	CITY-ST-ZIP
TITLE DVP <input type="checkbox"/> Delete	NAME LANGSTON, JOE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 501 WEST MEADOW STREET	CITY-ST-ZIP LEESBURG FL 34748	STREET ADDRESS	CITY-ST-ZIP
TITLE SD <input type="checkbox"/> Delete	NAME MORRIS, DEBRA J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 501 WEST MEADOW STREET	CITY-ST-ZIP LEESBURG FL 34748	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME BLACKMON, CHESTER A JR.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 501 WEST MEADOW STREET	CITY-ST-ZIP LEESBURG FL 34748	STREET ADDRESS	CITY-ST-ZIP
TITLE PD <input type="checkbox"/> Delete	NAME TARDUGNO, STEVEN J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 501 WEST MEADOW STREET	CITY-ST-ZIP LEESBURG FL 34748	STREET ADDRESS	CITY-ST-ZIP
TITLE DT <input type="checkbox"/> Delete	NAME MITCHELL, JACK D	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 501 WEST MEADOW STREET	CITY-ST-ZIP LEESBURG FL 34748	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:  **1-22-03 352-259-3200**

CR2E037 (10/02)