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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00434

1. Corporation Name
REGINALD E. JOHNSON MEMORIAL SCHOLARSHIP FUNDS C LUB, INC.

Principal Place of Business	Mailing Address
2403 GRANT STREET MELBOURNE FL 32901	PO BOX 3231 MELBOURNE FL 32902-1155 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 12/19/1983

4. FEI Number: 59-2397203 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FINERSON, CARL
1677 DODGE CIRCLE NORTH
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: BETTYE G. MURRAY
82 Street Address (P.O. Box Number is Not Acceptable): 2404 SOUTH LIPSCOMB STREET
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Bettye G. Murray Bettye G. MURRAY 2/18/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT = PD	☒ Change ☐ Addition
NAME	FINERSON, CARL		1.2 NAME	MURRAY, BETTYE G.	
STREET ADDRESS	1677 DODGE CIRCLE N.		1.3 STREET ADDRESS	2404 SOUTH LIPSCOMB STREET	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	MELBOURNE FLA 32901	
TITLE	VD	☐ DELETE	2.1 TITLE	VICE PRESIDENT = VD	☒ Change ☐ Addition
NAME	MURRAY, BETTYE		2.2 NAME	BANKS, MARY	
STREET ADDRESS	2404 S. LIPSCOMB ST.		2.3 STREET ADDRESS	704 E. BROTHERS AVE.	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE FLA 32901	
TITLE	SD	☐ DELETE	3.1 TITLE	SECRETARY = SD	☒ Change ☐ Addition
NAME	PHILLIPS, ELOUISE		3.2 NAME	SHACKLEFORD, ERIE	
STREET ADDRESS	3222 PECAN STREET		3.3 STREET ADDRESS	3242 Edgewood DRIVE N.E.	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	PALM BAY FLA 32905	
TITLE	TD	☐ DELETE	4.1 TITLE	TREASURER = TD	☒ Change ☐ Addition
NAME	PHILLIPS, JAMES		4.2 NAME	BURSEY, KATIE	
STREET ADDRESS	3222 PECAN STREET		4.3 STREET ADDRESS	2823 Colbert Circle	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Melbourne, FLA 32901	
TITLE	D	☐ DELETE	5.1 TITLE	D =	☒ Change ☐ Addition
NAME	FINERSON, ELOUISE		5.2 NAME	Phillips, ELOUISE	
STREET ADDRESS	1677 DODGE CIRCLE N		5.3 STREET ADDRESS	3222 PECAN STREET	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	melbourne FLA 32901	
TITLE	D	☐ DELETE	6.1 TITLE	D =	☒ Change ☐ Addition
NAME	CAMPBELL, MYLES		6.2 NAME	FINERSON, CARL	
STREET ADDRESS	711 FIRST AVENUE		6.3 STREET ADDRESS	1677 Dodge CIRCLE NORTH	
CITY-ST-ZIP	SATELLITE BCH FL		6.4 CITY-ST-ZIP	melbourne FLA 32935	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bettye G. Murray Bettye G. MURRAY 2/18/99 407-723-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #