

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90116 040 ****61.25

DOCUMENT # N00434

1. Entity Name

REGINALD E. JOHNSON MEMORIAL SCHOLARSHIP FUNDS C

Principal Place of Business

Mailing Address

**2403 GRANT STREET
 MELBOURNE FL 32901**

**PO BOX 3231
 MELBOURNE FL 32902-1455 3231
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2397203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURRAY, BETTYE G
 2404 SOUTH LIPSCOMB ST
 MELBOURNE FL 32901**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS MURRAY, BETTYE G
 CITY-ST-ZIP 2404 SOUTH LIPSCOMB STREET
 MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME VD
 STREET ADDRESS HOLMES, WILLIE L JR
 CITY-ST-ZIP 1190 BAY DRIVE EAST
 INDIAN HARBOUR BEACH FL 32937

TITLE ☒ Change ☐ Addition
 NAME Shackleford, Erie (VD)
 STREET ADDRESS 3242 Edgewood Drive, N.E.
 CITY-ST-ZIP Palm Bay, Florida 32905

TITLE ☒ Delete
 NAME SD
 STREET ADDRESS SHACKLEFORD, ERIE
 CITY-ST-ZIP 3242 EDGEWOOD DRIVE N.E.
 PALM BAY FL 32905

TITLE ☒ Change ☐ Addition
 NAME Lucas, Sharon E. (SD)
 STREET ADDRESS 475 Port Malabar Blvd., N.E.
 CITY-ST-ZIP Palm Bay, Florida 32905-3711

TITLE ☒ Delete
 NAME TD
 STREET ADDRESS BURSEY, KATIE
 CITY-ST-ZIP 2823 COLBERT CIRLCE
 MELBOURNE FL 32901

TITLE ☒ Change ☐ Addition
 NAME Mobley, Enoch (TD)
 STREET ADDRESS 1802 Airport Blvd.
 CITY-ST-ZIP Melbourne, Florida 32901

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PHILLIPS, ELOUISE
 CITY-ST-ZIP 13222 PECAN STREET
 MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FINERSON, CARL
 CITY-ST-ZIP 1677 DODGE CIRCLE NORTH
 MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
 NAME
 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:

Bettye G. Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2001
 Date

(321) 723-3645

Daytime Phone #

CR2E037 (10/00)