# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 12, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N00434

1. Entity Name
REGINALD E. JOHNSON MEMORIAL SCHOLARSHIP FUNDS CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2403 GRANT STREET<br>MELBOURNE, FL 32901 | PO BOX 3231<br>MELBOURNE, FL 32902-3231 US |

02162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

SHACKLEFORD, ERIE
3680 MEADOWLARK WAY
MELBOURNE, FL 32904

**DO NOT WRITE IN THIS SPACE**

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 Erie Shackleford 2/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

U00000260888
03/12/05-80043-011 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VD |
| NAME | BANKS, MARY |
| STREET ADDRESS | 704 E. BROTHERS AVE |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | PD |
| NAME | SHACKLEFORD, ERIE |
| STREET ADDRESS | 3680 MEADOWLARK WAY |
| CITY-ST-ZIP | MELBOURNE, FL 32904 |
| TITLE | SD |
| NAME | LUCAS, SHARON E |
| STREET ADDRESS | 475 PORT MALABAR BLVD NE |
| CITY-ST-ZIP | PALM BAY, FL 329053711 |
| TITLE | TD |
| NAME | MOBLEY, ENOCH |
| STREET ADDRESS | 1802 AIRPORT BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | D |
| NAME | PHILLIPS, ELOUISE |
| STREET ADDRESS | 13222 PECAN STREET |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | D |
| NAME | FINERSON, CARL |
| STREET ADDRESS | 1677 DODGE CIRCLE NORTH |
| CITY-ST-ZIP | MELBOURNE, FL 32935 |

**DO NOT WRITE IN THIS SPACE**

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:** Erie Shackleford 2/16/05 321-727-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #