

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90097 039 ****61.25

DOCUMENT # N01000005906

1. Entity Name

**NORMA GAIL SPENCER AP ENGLISH MEMORIAL SCHOLARSH
IP FUND, INC.**



Principal Place of Business

**6467 SUNSET DRIVE
MIAMI FL 33143**

Mailing Address

**6467 SUNSET DRIVE
MIAMI FL 33143**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAKER, RONALD G
RUSSO & BAKER, P.A.
2655 LEJEUNE RD., SUITE 201
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHAFFIN, SUZANNE S**
STREET ADDRESS **6467 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☐ Delete
NAME **SPENCER, JULIE**
STREET ADDRESS **5276 WEATHERWOOD TRACE**
CITY-ST-ZIP **MARIETTA GA 30068**

TITLE **D** ☐ Delete
NAME **CHAFFIN, SHAWN**
STREET ADDRESS **882 SILVERADO CT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **YOST, JASON**
STREET ADDRESS **2657 LENOX ROAD NE #208**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE **D** ☐ Delete
NAME **SHEPPARD, JENNY**
STREET ADDRESS **3443 ESPLANADE AVE #428**
CITY-ST-ZIP **NEW ORLEANS LA 70119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Suzanne R Spencer Chaffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03 305-6632960

CR2E037 (10/02)