## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009638

FILED Apr 04, 2003 Secretary of State

Entity Name: ELVIN IZAL LEWIS THE FIRST EDUCATION AND SCHOLARSHIP FOUNDATION, INCORPORATED

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1511 NOR <sup>-</sup> SUITE 8-20 SUNRISE,	)8	TH AVENUE				
Current Mailing Address:			New Mailir	New Mailing Address:		
1511 NOR <sup>-</sup> SUITE 8-20 SUNRISE,	)8	TH AVENUE				
FEI Number:	11-3682534	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certific	cate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Address of New Re	gistered Agent:	
SPANN, JULIA E MSLIS 1511 NORTHWEST 125TH AVENUE SUITE 8-208 SUNRISE, FL 33323						
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:						
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SPANN, JULIA	ГН AVE., #8-208	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	SPANN, THOM	ГН AVE., #8208	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	JOHN, DAVE	) Delete E ROAD 7, STE. 214B FL 33313	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DIR ( ) Change DNA2, DNA D DNA20 DNA, DC 00000	(X) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DIR ( ) Change DNA3, DNA D DNA30 DNA, DC 00000	(X) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DIR () Change DNA1, DNA DNA10 DNA, DC 00000	(X) Addition	
l barabu		formation cumplied with this filing	d			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPANN, JULIA E PRES 04/04/2003