2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2005
Secretary of State

DOCUMENT# N03000001195

Entity Name: ETHEL ESTELLE CAMPBELL SCHOLARSHIP, INC.

Current Principal Place of Business:

607 SEARS AVE
WINTER HAVEN, FL 33883

New Principal Place of Business:

Current Mailing Address:

PO BOX 7363
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 55-0801823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, JESSE L
607 SEARS AVE
WINTER HAVEN, FL 33883 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: CAMPBELL, JESSE L SR
Address: 13812 NW 10 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: CAMPBELL, WILHEMINA E
Address: 13812 NW 10 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: CAMPBELL, KELLY E
Address: 11244 RAGING BROOK DR
City-St-Zip: BOWIE, MD 20720

Title: D ( ) Delete
Name: CAMPBELL, JESSE L II
Address: 11244 RAGING BROOK DR
City-St-Zip: BOWIE, MD 20720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAMPBELL, JESSE L SR
Address: 331 WILTON CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: D (X) Change ( ) Addition
Name: CAMPBELL, WILHEMINA E
Address: 331 WILTON CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JESSE L. CAMPBELL DIR 07/17/2005
Electronic Signature of Signing Officer or Director — Date