2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2004
Secretary of State

DOCUMENT# N03000005749

Entity Name: EULEA PIERSON MISSION SCHOLARSHIP AID, INCORPORATED

Current Principal Place of Business:

13052 ISLAMORADA DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

13052 ISLAMORADA DRIVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 57-1173307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVORY, ANNIE S
13052 ISLAMORADA DRIVE
ORLANDO, FL 32837

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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRUS ( ) Change (X) Addition
Name: MCCOY, JERREL TRUSTEE
Address: 4707 MONTAUK ST
City-St-Zip: ORLANDO, FL 32808

Title: DIRE ( ) Change (X) Addition
Name: IVORY, ANNIE S DIRECTO
Address: 13052 ISLAMORADA DR
City-St-Zip: ORLANDO, FL 32837

Title: TRUS ( ) Change (X) Addition
Name: HANIABLE, ALICE TRUSTEE
Address: 4237 TATUM ST
City-St-Zip: ORLANDO, FL 32811

Title: TRUS ( ) Change (X) Addition
Name: BROWN, ERNESTINE TRUSTEE
Address: 1148 FRAZIER AVE
City-St-Zip: ORLANDO, FL 32811

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: ANNIE S. IVORY DIR 01/03/2004

Electronic Signature of Signing Officer or Director — Date