

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008264

FILED
Apr 23, 2004
Secretary of State

Entity Name: ATLANTIC-CARIBBEAN SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

C/O STUART NEWMAN
3191 CORAL WAY SUITE 204
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

C/O STUART NEWMAN
3191 CORAL WAY SUITE 204
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1044076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, STUART
3191 CORAL WAY SUITE 204
MIAMI, FL 33145 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: WOOLDRIDGE, JANE
Address: C/O MIAMI HERALD ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: NEWMAN, STUART
Address: 3191 CORAL WAY SUITE 204
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: BLUM, ETHEL
Address: 19500 TURNBERRY WAY #25AB
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: STONE LAND, ROSETTA
Address: 1118 LINDWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: HENSELY, BILL F
Address: 7179 MEETING STREET
City-St-Zip: CHARLOTTE, NC 28210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STUART NEWMAN

MR

04/23/2004

Electronic Signature of Signing Officer or Director

Date