


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State


08-26-2004 90006 040 ****70.00

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DOCUMENT # N03000009576	
1. Entity Name THE SILAS HARRIS SCHOLARSHIP FOUNDATION, INC.	

Principal Place of Business 3240 YATTIKA PLACE LONGWOOD, FL 32779	Mailing Address 3240 YATTIKA PLACE LONGWOOD, FL 32779
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



08232004 Chg-NP CR2E037 (10/03)

4. FEI Number
52-0488100

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ Applied For ☒ Not Applicable

6. Name and Address of Current Registered Agent

HARRIS, HENRY L
3240 YATTIKA PLACE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. 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 _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, HENRY L	
STREET ADDRESS	3240 YATTIKA PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, JAMES C	
STREET ADDRESS	1900 BEAVERDAM ROAD	
CITY-ST-ZIP	SPRING GROVE, VA 32881	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, CHARLIE JR.	
STREET ADDRESS	6607 OLD HIGHWAY 441 S.	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARRIS, NATHANIEL	
STREET ADDRESS	POST OFFICE BOX 295	
CITY-ST-ZIP	PALATKA, FL 32178	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASTY, IRENE	
STREET ADDRESS	32 DONGALLA COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Henry S. Harris **8/24/04 407.804-1678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #