


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 032 ****70.00

DOCUMENT # N04000004704	
1. Entity Name DOROTHY FAISON BEARD SCHOLARSHIP FOUNDATION, INC.	

Principal Place of Business 12551 N.E. 25TH AVENUE ANTHONY, FL 32617	Mailing Address 12551 N.E. 25TH AVENUE ANTHONY, FL 32617
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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05172005 Chg-NP CR2E037 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEARD, TERRELL
12551 N.E. 25TH AVENUE
ANTHONY, FL 32617

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 Jerrell E. Beard DATE 6-2-05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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	P	<input type="checkbox"/> Delete
NAME	BEARD, TERRELL	
STREET ADDRESS	12551 N.E. 25TH AVENUE	
CITY-ST-ZIP	ANTHONY, FL 32617	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEARD, TIMOTHY	
STREET ADDRESS	9328 MCFARLAND WAY	
CITY-ST-ZIP	MOBILE, AL 36695	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEARD, VERONIA	
STREET ADDRESS	POST OFFICE BOX 1032	
CITY-ST-ZIP	PORT ST. JOE, FL 32457	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEARD, HERBERT	
STREET ADDRESS	318 AVENUE B	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	Wendy Beard
STREET ADDRESS	9328 McFarland Way
CITY-ST-ZIP	Mobile, AL 36695
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
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: Dorothy Beard Timothy Beard DATE 6/1/05 (25) 460-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR