


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N04000004704 1. Entity Name DOROTHY FAISON BEARD SCHOLARSHIP FOUNDATION, INC. |  |
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| 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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DO NOT WRITE IN THIS SPACE



04032006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 |
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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 *Terrell Beard* DATE 4/22/06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEARD, TERRELL 12551 N.E. 25TH AVENUE ANTHONY, FL 32617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BEARD, TIMOTHY 9328 MCFARLAND WAY MOBILE, AL 36695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BEARD, WENDY 9328 MCFARLAND WAY MOBILE, AL 36695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BEARD, HERBERT 318 AVENUE B PORT ST. JOE, FL 32456 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000534635
05/08/06-80020-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* DATE 4/22/06 DAYTIME PHONE # (850) 284-7003
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)