2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006
Secretary of State

DOCUMENT# N05000002685

Entity Name: ROBINSON JENKINS ELLERSON FOUNDERS SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1116 EAST CALVARY STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

1116 EAST CALVARY STREET
STARKE, FL 32091

New Mailing Address:

FEI Number: 81-0666959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, TERENCE M
486 N. TEMPLE AVE
STARKE, FL 32901 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: JENKINS, MAE F
Address: 902 OAK STREET
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: SPOONER, CAROLYN B
Address: 1116 E. CALVARY ST
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: ELLERSON, BERLIN
Address: 3230 N.W. 18TH ST
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: DESUE, CLARENCE
Address: 5808 N.W. 177TH STREET
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: ROBINSON, GWEN
Address: 6655 DELL TOWER CT., #4
City-St-Zip: JACKSONVILLE, FL 32217

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 Chapter 119, 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: CAROLYN B. SPOONER D 08/29/2006
Electronic Signature of Signing Officer or Director — Date