2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002685

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

Principal Place of Business	Mailing Address
1116 EAST CALVARY STREET STARKE, FL 32091	1116 EAST CALVARY STREET STARKE, FL 32091

DO NOT WRITE IN THIS SPACE

08052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
81-0666959

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, TERENCE M
486 N. TEMPLE AVE
STARKE, FL 32901

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, MAE F
STREET ADDRESS	902 OAK STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	SPOONER, CAROLYN B
STREET ADDRESS	1116 E. CALVARY ST
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	ELLERSON, BERLIN
STREET ADDRESS	3230 N.W. 18TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	DESUE, CLARENCE
STREET ADDRESS	5808 N.W. 177TH STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	ROBINSON, GWEN
STREET ADDRESS	6655 DELL TOWER CT., #4
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000771668
08/08/07-80002-003 70.00

DO NOT WRITE IN THIS SPACE

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: Carolyn B Spooner 8/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #