2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N06000010292

Entity Name: NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION INC

Current Principal Place of Business:

107 LIBERTY STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 391
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 59-3528460 **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:

WYNN, ADRON
107 LIBERTY STREET
PORT ST. JOE, FL 32456 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:	CD	( ) Delete
Name:	WYNN, ADRON	
Address:	137 AVENUE L	
City-St-Zip:	APALACHICOLA, FL 32320	
Title:	VC	(X) Delete
Name:	LANGSTON, DAVID B	
Address:	PO BOX 391	
City-St-Zip:	PORT ST JOE, FL 32436	
Title:	SD	( ) Delete
Name:	LANGSTON, ERIC	
Address:	705 AVENUE A	
City-St-Zip:	PORT ST JOE, FL 32456	
Title:	D	( ) Delete
Name:	BROWN, ANDRE	
Address:	2636 MISSION ROAD	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	RAFFIELD, EUGENE	
Address:	2103 CYPRESS AVE	
City-St-Zip:	PORT ST JOE, FL 32456	
Title:	D	( ) Delete
Name:	RISH, RALPH	
Address:	103 COLONIAL LANE	
City-St-Zip:	PORT ST. JOE, FL 32456	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	C	(X) Change ( ) Addition
Name:	WYNN, ADRON	
Address:	137 AVENUE L	
City-St-Zip:	APALACHICOLA, FL 32320	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S/T	(X) Change ( ) Addition
Name:	LANGSTON, ERIC	
Address:	705 AVENUE A	
City-St-Zip:	PORT ST JOE, FL 32456	
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 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: ADRON WYNN C 05/04/2009

Electronic Signature of Signing Officer or Director — Date