SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

APPROVED AND FILED
95 JUL -3 AM 9:12
SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33143 (1)

1. Corporation Name
JESSE SOLOMON SCHOLARSHIP FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CLAY A. SCHNITKER 901 WEST BASE ST. MADISON FL 32340	% CLAY A. SCHNITKER 901 WEST BASE ST. MADISON FL 32340

3. Date Incorporated or Qualified: 07/07/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2960576 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State: Madison, Florida
24 Zip: 32340
25 County: Madison

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**

SCHNITKER, CLAY A.
901 WEST BASE ST.
MADISON FL 32340

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SOLOMON, JESSE
STREET ADDRESS	RT 1 BOX 334 HYW 360A
CITY, ST, ZIP	MADISON FL
TITLE	DS
NAME	FRANKLIN, MAXINE S.
STREET ADDRESS	360-A MARTIN LUTHER KING JR. DR.
CITY, ST, ZIP	MADISON FL
TITLE	DT
NAME	MYERS, HELEN
STREET ADDRESS	404 S.E. WILLIAMS
CITY, ST, ZIP	MADISON FL
TITLE	D
NAME	EVANS, DEVETA
STREET ADDRESS	RT 2 BOX 52
CITY, ST, ZIP	GREENVILLE FL
TITLE	D
NAME	MONLYN, BESSIE
STREET ADDRESS	618 COUNTRY CAMP RD
CITY, ST, ZIP	MADISON FL
TITLE	D
NAME	VAUGHT, CHRYSTINA
STREET ADDRESS	504 E MOORE ST
CITY, ST, ZIP	MADISON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY, ST, ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY, ST, ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST, ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY, ST, ZIP			

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxine S. Franklin Maxine S. Franklin 06/28/95 973-6340 H 973-6627 W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE #