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FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37212** (0)
1. Corporation Name
SECOND TIME AROUNDERS SCHOLARSHIP FUND, INC.



Principal Place of Business %KEATON & RUTLAND, P.A. P O BOX 1139 ST. PETERSBURG FL 33731	Mailing Address %KEATON & RUTLAND, P.A. P O BOX 1139 ST. PETERSBURG FL 33731-1139
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 03/19/1990	3a. Date of Last Report 07/02/1996
4. FEI Number 59-3005138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCALL, DEBORAH ESQ. ONE BEACH DRIVE, SE STE. 200 ST. PETERBURG FL 33701
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	NICKEL, NILE L.
STREET ADDRESS	2750 S. PINE DRIVE, #140
CITY - ST - ZIP	LARGO FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DEAL, JOE
STREET ADDRESS	6720 - 29TH AVENUE NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BANDY, WAY
STREET ADDRESS	2051 60TH WAY, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PATTERSON, CLAUDIA
STREET ADDRESS	ONE BEACH DR.
CITY - ST - ZIP	ST. PETERSBURG FL 33701
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, STEVE
STREET ADDRESS	1535-34 AVE. NORTH
CITY - ST - ZIP	ST. PETERSBURG FL 33704
TITLE	D <input type="checkbox"/> DELETE
NAME	RICE, CHARLOIE
STREET ADDRESS	8601 94TH STREET NORTH
CITY - ST - ZIP	SEMINOLE FL 34647

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:  1-29-97 813 432-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061269

CR2E037 (9/96)