FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

LELA AND JESSE KING SCHOLARSHIP FOUNDATION, INC.

FILED Feb 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							- 10011/01 000 11/10 10/01 1/00 3/10 10/1 0/01 0/0
467 NORTH BATH CLUB BLVD NORTH REDINGTON BEACH FL 33708 US			2700 1ST AVENUE N SAINT PETERSBURG FL 33713-8724 US				3. Date Incorporated or Qualified 07/03/1990 4. FEI Number 59-3014520 Not Applied For
2. Principal P	lace of Busines	SS	2a. Mailing Address				\$9.75 Additional
21			26				5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State			City & State				7. Is this nonprofit corporation a homeowners association?
Zip			Zip Cour				8. This corporation owes or has paid the current year Intangible
24		3	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name a	nd Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
					81	Name	
DENHARDT, JAMES W					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
2700 FIRST AVE N ST PETERSBURG FL 33713					83	-	
					84	Cit.	85 Zip Code
					1	['	FL I I
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							
Signature, typed or printed name of registered age 12. OFFICERS AND					o Age	int signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	OFFICENS AIN	DELETE	1.1 T	Ti F		Change Addition
NAME KING, JI		ISF W.	<u> </u>		AME		
		TH CLUB BLVD.				ADDRESS	
		TON BCH FL			1.4 CITY-ST-ZIP		
TITLE	DVS		DELETE	2.1 T		1	☐ Change ☐ Addition
NAME KING, L		A J.		2.2 NAME			
		TH CLUB BLVD.	•	2.3 STRI		ADDRESS	•
		TON BCH FL	2.			ST-ZIP	
TITLE	D		DELETE	3.1 T			Change Addition
NAME	DENHARD	T, JAMES W		3.2 N	AME		
STREET ADDRESS	ATAN FIRST AUF N			3.3 STR		T ADDRESS	
CITY-ST-ZIP	ST-ZIP ST PETERSBURG FL			3.4. CITY		ST-ZIP	
TITLE	T		DELETE	4.1 T	TLE		Change Addition
NAME	KING, LEL	ΑJ		4.21	AME		•
STREET ADDRESS 467 N BATH CLUB BLV		TH CLUB BLVD	4.3 S		TREET	F ADDRESS	
CITY-ST-ZIP N REDINGTON BO		ITON BCH FL			ITY-S	ST-ZIP	
TITLE			☐ DELETE	5.1 T	ITLE		Change Addition
NAME				5.2 N	ÀMÉ		
STREET ADDRESS				5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				5.4 0	(TY-S	ST - ZIP	
TITLE	-		☐ DELETE	6.1 T	ITLE		Change Addition
NAME				6.2 N	AME		
STREET ADDRESS	,			6.3 S	TREET	T ADDRESS	
CITY-ST-ZIP				6.4 0	iTY-S	ST-ZIP	

14. I 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 empowereanto 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.

WIKING 1/24/18