2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N39688

Entity Name: AMERICAN ASSOCIATION OF STATE TROOPERS SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1949 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1949 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3054670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, J.ALAN
1660 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 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:	STD	( ) Delete
Name:	JOHNSON, J D	
Address:	2950 SPRING CHASE LANE	
City-St-Zip:	MARIANNA, FL 32446	
Title:	BMD	( ) Delete
Name:	TESCHNER, MIMI C	
Address:	PO BOX 3825	
City-St-Zip:	ASPEN, CO 81612	
Title:	VCD	( ) Delete
Name:	YOAKUM, ROBERT	
Address:	1194 HIGHWAY 54 EAST	
City-St-Zip:	COVINGTON, TN 38019	
Title:	BMD	( ) Delete
Name:	FORTUNAS, PAULA	
Address:	6264 MAHAN DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	C	( ) Delete
Name:	YORK, WAYNE W	
Address:	43906 JENCO LN	
City-St-Zip:	PENDLETON, OR 97801	
Title:	BMD	( ) Delete
Name:	HOWES, KENNETH C	
Address:	1319 LANDOVER CT.	
City-St-Zip:	TALLAHASSEE, FL 32311	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JD JOHNSON STD 04/25/2007

Electronic Signature of Signing Officer or Director — Date