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95 MAY -1 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N46859	(7)
1. Corporation Name FLORIDA ASSOCIATION OF SCHOLARS, INC.		

Principal Place of Business 1515 HICKORY AVENUE TALLAHASSEE FL 32303	Mailing Address 1515 HICKORY AVENUE TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
24 Country	25 Country

3. Date Incorporated or Qualified 01/16/1992	3a. Date of Last Report 05/01/1994
4. FBI Number 59-3142149	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 ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent WOLLAN, LAURIN A. JR. 1515 HICKORY AVENUE TALLAHASSEE FL 32303	
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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 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	WOLLAN, LAURIN A. JR.	12 NAME	Thomas R. Dye
STREET ADDRESS	1515 HICKORY AVENUE	13 STREET ADDRESS	1057 Del Haven Drive
CITY - ST - ZIP	TALLAHASSEE FL 32303	14 CITY - ST - ZIP	Delray Beach FL 33483
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	RISTEEN, ROBERT W.	22 NAME	Alfred G. Cuzan
STREET ADDRESS	201 GENOA ROAD	23 STREET ADDRESS	P. O. Box 15389
CITY - ST - ZIP	ST. AUGUSTINE FL 32095	24 CITY - ST - ZIP	Pensacola FL 32514
TITLE	ST	31 TITLE	C ☒ Change ☐ Addition
NAME	KEUCHEL, EDWARD F.	32 NAME	Laurin A. Wollan, Jr.
STREET ADDRESS	812 BEDMONT DRIVE	33 STREET ADDRESS	1515 Hickory Avenue
CITY - ST - ZIP	TALLAHASSEE FL 32312	34 CITY - ST - ZIP	Tallahassee FL 32303
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	CZAJKOSKI, EUGENE H.	42 NAME	William C. Calin
STREET ADDRESS	2340 KILKENNY EAST	43 STREET ADDRESS	5352 N.W. 9th Lane
CITY - ST - ZIP	TALLAHASSEE FL 32308	44 CITY - ST - ZIP	Gainesville FL 32605
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	EHRUCH, PAUL	52 NAME	John Ranick
STREET ADDRESS	108 N.W. 22ND DRIVE	53 STREET ADDRESS	725 N.W. 40th Terrace
CITY - ST - ZIP	GAINESVILLE FL 32605	54 CITY - ST - ZIP	Gainesville FL 32607
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	GENTRY, DAVID	62 NAME	
STREET ADDRESS	3917 N.W. 27TH PLACE	63 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32605	64 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurin A. Wollan, Jr. (C) May 1, 1995 904/222-4245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR