FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
1995 MAY 30 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49651 (5)

1. Corporation Name
EBONY SCHOLARS PROGRAM, INC.

Principal Place of Business	Mailing Address
2201 - 25TH AVENUE SOUTH ST. PETERSBURG FL 33712	2201 - 25TH AVENUE SOUTH ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-3137997 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 2201-25TH AVE. SO.
22: Suite, Apt. #, etc.
23: City & State: ST. PETE. FL,
24: Zip: 33712
25: County: U.S.A

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

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

WILLIAMS, FRANCES
2201 - 25TH AVENUE SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
84 City: FL 85 Zip Code

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: CARL A. FERGUSON (TREASURER) Carl A Ferguson 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, VYRLE	12 NAME	500001504065
STREET ADDRESS	1015 10TH AVENUE NORTH	13 STREET ADDRESS	-06/02/95--01007--010
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BENTON, P.J.	22 NAME	
STREET ADDRESS	5293 - 61ST AVENUE SOUTH	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CALLIER, HELEN	32 NAME	
STREET ADDRESS	1628 28TH STREET SOUTH	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, CARL A.	42 NAME	
STREET ADDRESS	1701 16TH STREET SOUTH	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LAMPLEY, LOUIS	52 NAME	
STREET ADDRESS	3647 18TH AVENUE SOUTH	53 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	TEM 5-30-95 ☐ Change ☐ Addition
NAME	SUMMERS, LEONARD	62 NAME	
STREET ADDRESS	1210 28TH AVENUE SOUTH	63 STREET ADDRESS	**REMITTED BY MAY 1**
CITY ST ZIP	ST. PETERSBURG FL	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 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 on an attachment with an address.

SIGNATURE: Carl A Ferguson 4/28/95 (813)327-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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