

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1997-21-97

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 33712-3525

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3137997

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 *Carl A. Ferguson*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, VYRLE	
STREET ADDRESS	1015 10TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENTON, P.J.	
STREET ADDRESS	5293 - 61ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALLIER, HELEN	
STREET ADDRESS	1628 28TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERGUSON, CARL A.	
STREET ADDRESS	1701 16TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMPLEY, LOUIS	
STREET ADDRESS	3647 18TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMMERS, LEONARD	
STREET ADDRESS	1210 28TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

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 on an attachment with an address.

SIGNATURE: *Carl A. Ferguson* - CARL A. FERGUSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (813) 895-3595

Date Daytime Phone # 0050041

CR2E037 (9/96)