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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49651 (5)

1. Corporation Name

EBONY SCHOLARS PROGRAM, INC.

Principal Place of Business

2201 - 25TH AVENUE SOUTH
ST. PETERSBURG FL 33712

Mailing Address

2201 - 25TH AVENUE SOUTH
ST. PETERSBURG FL 33712

2. Principal Place of Business

21 2201-25th AVE. SOUTH

Suite, Apt. #, etc.

22 ST. PETE. FL.

City & State

23 33712 U.S.A.

Zip

Country

2a. Mailing Address

26 SAME AS #1.

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-3137997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

INTANGIBLE ASSETS

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 SAME AS #9

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 (TREASURER) CARL A. FERGUSON

DATE

1/20/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIS, VYRLE
STREET ADDRESS 1015 10TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE

NAME BENTON, P.J.
STREET ADDRESS 5293 - 61ST AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☐ DELETE

NAME CALLIER, HELEN
STREET ADDRESS 1628 28TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☐ DELETE

NAME FERGUSON, CARL A.
STREET ADDRESS 1701 16TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME LAMPLEY, LOUIS
STREET ADDRESS 3647 18TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME SUMMERS, LEONARD
STREET ADDRESS 1210 26TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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

1/20/98

(813) 822-4442

CR2E037 (10/97)