

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90108 039 \*\*\*\*61.25

DOCUMENT # **N49051** ✓

1. Entity Name  
**EBONY SCHOLARS PROGRAM, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2201 - 25th Avenue South**

Suite, Apt. #, etc.

**NA**

3. Mailing Address  
**2201 - 25th Avenue South**

Suite, Apt. #, etc.

**NA**

DO NOT WRITE IN THIS SPACE

City & State  
**St. Petersburg, Florida**

Zip

**33712**

Country

**Pinellas**

City & State  
**St. Petersburg, Florida**

Zip

**33712**

Country

**Pinellas**

4. FEI Number  
**59-3137997**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Frances Williams**

Street Address (P.O. Box Number is Not Acceptable)  
**2201 - 25th Avenue South**

**2201 - 25th Avenue South**

City **St. Petersburg** **FL** Zip Code **33712**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Vyrle Davis  
3521 Fairfield Avenue South  
St. Petersburg, Florida 33711**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President  
Pearl B. Bryant  
5825 Leeland Street South  
St. Petersburg, Florida 33715**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary  
Helen T. Callier  
1625 - 28 Avenue South  
St. Petersburg, Florida 33712**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Treasurer  
Carl Ferguson  
1701 - 16 Street South  
St. Petersburg, Florida 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Helen T. Callier**

**Helen T. Callier**

**April 23, 2002 (727) 823-5250**

CR2E037B (12/01)