

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90059 031 \*\*\*\*61.25

**DOCUMENT # N49651**

1. Entity Name

EBONY SCHOLARS PROGRAM, INC.



Principal Place of Business

Mailing Address

1721 HIGHLANDS STREET SOUTH  
SAINT PETERSBURG FL 33701

1721 HIGHLANDS STREET SOUTH  
SAINT PETERSBURG FL 33701

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3137997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, CARL A  
1721 HIGHLANDS STREET SOUTH  
SAINT PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DAVIS, VYRLE  
STREET ADDRESS 3521 FAIRFIELD AVE  
CITY- ST- ZIP SAINT PETERSBURG FL 33711

TITLE VP ☒ Delete  
NAME BRYANT, PEARL  
STREET ADDRESS 5825 LELAND ST.  
CITY- ST- ZIP SAINT PETERSBURG FL 33715

TITLE FS ☐ Delete  
NAME CALLIER, HELEN T  
STREET ADDRESS 1625-28 AVENUE SOUTH  
CITY- ST- ZIP SAINT PETERSBURG FL 33712

TITLE T ☐ Delete  
NAME FERGUSON, CARL  
STREET ADDRESS 1701 16TH STREET SOUTH  
CITY- ST- ZIP SAINT PETERSBURG FL 33705

TITLE D ☐ Delete  
NAME JONES, CRAIG  
STREET ADDRESS 1833 BONITA WAYS  
CITY- ST- ZIP SAINT PETERSBURG FL 33712

TITLE RS ☐ Delete  
NAME ASHWOOD, CHERI  
STREET ADDRESS 2616-22 ST SOUTH  
CITY- ST- ZIP SAINT PETERSBURG FL 33712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VP ☐ Change ☒ Addition  
NAME Stephens, Solomon  
STREET ADDRESS 2601 - 59 Avenue South  
CITY- ST- ZIP St. Petersburg, FL 33712-5217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Helen T. Callier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/07

Date

(727) 823-5250

Daytime Phone #