

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:41

DOCUMENT # N93000001667 (5)

1. Corporation Name

STUDENT AID EMERGENCY FUND, INC.

Principal Place of Business

671 W. 35TH ST.
RIVIERA BEACH FL 33404

Mailing Address

671 W. 35TH ST.
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

08/11/1994

4. FEI Number

65-0372124

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FERGUSON, STAFFORD A DR.
671 W. 35TH ST.
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME FERGUSON, STAFFORD
STREET ADDRESS 671 35TH ST.
CITY- ST- ZIP RIVIERA BCH. FL 33404

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SD
NAME DENNARD, EAGAR
STREET ADDRESS 320 W. 32ND ST.
CITY- ST- ZIP RIVIERA BCH. FL 33404

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE J
NAME JONES, RONALD
STREET ADDRESS 1025 S. MANGONIA CIR.
CITY- ST- ZIP W. PALM BCH. FL 33401

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE MD
NAME CAMPBELL, MARVA
STREET ADDRESS 1157 APT.2 10TH ST.
CITY- ST- ZIP RIVIERA BCH. FL 33404

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE MD
NAME BROWN, MIRIAM
STREET ADDRESS 1216 37TH ST.
CITY- ST- ZIP RIVIERA BCH. FL 33404

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE MD
NAME ALDERMAN, ELIZABETH
STREET ADDRESS 944 6TH ST.
CITY- ST- ZIP RIVIERA BCH. FL 33404

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Stafford A. Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95