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FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000001667 (5)**

1. Corporation Name

STUDENT AID EMERGENCY FUND, INC.

Principal Place of Business

Mailing Address

**671 W. 35TH ST.
RIVIERA BEACH FL 33404****671 W. 35TH ST.
RIVIERA BEACH FL 33404-2110**

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

01/25/1996

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FERGUSON, STAFFORD	
STREET ADDRESS	671 35TH ST.	
CITY-ST-ZIP	RIVIERA BCH. FL 33404	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENNARD, EAGAR	
STREET ADDRESS	320 W. 32ND ST.	
CITY-ST-ZIP	RIVIERA BCH. FL 33404	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, RONALD	
STREET ADDRESS	1025 S. MANGONIA CIR.	
CITY-ST-ZIP	W. PALM BCH. FL 33401	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, MARVA	
STREET ADDRESS	1157 APT.2 10TH ST.	
CITY-ST-ZIP	RIVIERA BCH. FL 33404	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BROWN, MIRIAM	
STREET ADDRESS	1216 37TH ST.	
CITY-ST-ZIP	RIVIERA BCH. FL 33404	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	ALDERMAN, ELIZABETH	
STREET ADDRESS	944 6TH ST.	
CITY-ST-ZIP	RIVIERA BCH. FL 33404	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stafford Ferguson 1-7-97-5618428542

Date

Daytime Phone # 0039955

CP2E037 (9/96)