

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000000566 (8)**

1. Corporation Name

THE MARK TWAIN SCHOLARSHIP FUND, INC.



Principal Place of Business

Mailing Address

3845 S.W. 41ST ST.
PEMBROKE PARK FL 33023

3845 S.W. 41ST ST.
PEMBROKE PARK FL 33023

3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report
07/31/95 (Cont.)

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3120 N. A-1-A**

22 City & State

27 Suite, Apt. #, etc. **503-S**

23 Zip

Country

28 **FT. PIERCE, FL**

24 Zip

Country

29 **34949-8865** 30 **ST. LUCIE**

4. FEI Number
65-0584407

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, CHARLES A
3845 S.W. 41ST ST.
PEMBROKE PARK FL 33023

81 Name
82 Street Address (P.O. Box No. or Florida Assessor's Parcel ID)
650584407
03/01/96-01020-002
*****70.00**
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 the fee (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	President/Trustee <input type="checkbox"/> DELETE
NAME	TZANETAKOS, CHRISTOS
STREET ADDRESS	3120 N. A-1-A Apt. 503-S
CITY-ST-ZIP	FT. PIERCE, FL 34949-8865
TITLE	V. President/Trustee <input type="checkbox"/> DELETE
NAME	LYNGZEIDETSON, ALBERT, E. Ph.D
STREET ADDRESS	2021 N.E. 59th Court
CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	V. President/Trustee <input type="checkbox"/> DELETE
NAME	XANTHOPOULOS, JOHN, Ph.D
STREET ADDRESS	700 S.W. 9th Ave
CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	Trustee <input type="checkbox"/> DELETE
NAME	STURGULEWSKI, MICHAEL
STREET ADDRESS	3151 N.W. 2nd Street
CITY-ST-ZIP	Miami, FL 33125-5009
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE
NAME	ROSS, CHARLES, A.
STREET ADDRESS	3845 S.W. 41st Street
CITY-ST-ZIP	Pembroke Park, FL 33023
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President/Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TZANETAKOS, CHRISTOS
13 STREET ADDRESS	3120 N. A-1-A # 503-S
14 CITY-ST-ZIP	FT. PIERCE, FL 34949-8865
21 TITLE	V. PRESIDENT/TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LYNGZEIDETSON, ALBERT, E. Ph.D.
23 STREET ADDRESS	2021 N.E. 59th Ct.
24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
31 TITLE	V. PRESIDENT/TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	XANTHOPOULOS, JOHN, Ph.D
33 STREET ADDRESS	700 S.W. 9th Ave
34 CITY-ST-ZIP	BOCA RATON, FL 33486
41 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STURGULEWSKI, MICHAEL
43 STREET ADDRESS	3151 N.W. 2nd Street
44 CITY-ST-ZIP	MIAMI, FL 33127-5009
51 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ROSS, CHARLES, A.
53 STREET ADDRESS	3845 S.W. 41st Street
54 CITY-ST-ZIP	PEMBROKE PARK, FL 33023
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(3)(k), 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

CHRISTOS TZANETAKOS, President

January 28th, 1996 (407) 489-5105
Date Daytime Phone #

CR2E037 (12/95)