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02-23-1999 90108 003 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000566

1. Corporation Name

THE MARK TWAIN SCHOLARSHIP FUND, INC.

104345 90108 3

Principal Place of Business
3845 S.W. 41ST ST.
PEMBROKE PARK FL 33023

Mailing Address
3120 N. A.1.A
503-S
FT. PIERCE FL 34949-8865

34949-8865



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/06/1995

21 Suite, Apt. #, etc.

26 3120 N. A-1-A

4. FEI Number
65-0584407

Applied For
Not Applicable

22 City & State

27 Suite, Apt. #, etc.
503-South

28 FT. PIERCE FL

5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

23 Zip Country

29 34949 30

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 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 PT
NAME TZANETAKOS, CHRISTOS
STREET ADDRESS 3120 N A-1-A, 503-S
CITY-ST-ZIP FT. PIERCE FL 34949-8865

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

TITLE T
NAME PORTO, REBECA
STREET ADDRESS 6041 SW 88 ST
CITY-ST-ZIP MIAMI FL 33156

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

TITLE VT
NAME XANTHOPOULOS, JOHN PHD
STREET ADDRESS 700 S.W. 9TH AVE
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ST
NAME ROSS, CHARLES A
STREET ADDRESS 3845 S.W. 41ST STREET
CITY-ST-ZIP PEMBROKE PARK FL 33023

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

Christos Tzanetakos

CHRISTOS TZANETAKOS

01/11/99

561-489-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)