

DOCUMENT # N96000000506

1. Entity Name

THE MARK TWAIN SCHOLARSHIP FUND, INC.

FILED

00 FEB 25 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 34949-8821
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0584407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TZANETAKOS, CHRISTOS 3120 N A-1-A, 503-S FT. PIERCE FL 34949-8865	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTO, REBECA 6041 SW 88 ST MIAMI FL 33156	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT XANTHOPOULOS, JOHN-PHD 700 S.W. 9TH AVE BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. JAMES W. WILLIAMSON M.D. 2681 FITZHUGH WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSS, CHARLES A 3845 S.W. 41ST STREET PEMBROKE PARK FL 33023	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES SCHISLER 374 GOLFPVIEW RD #306 N. PALM BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

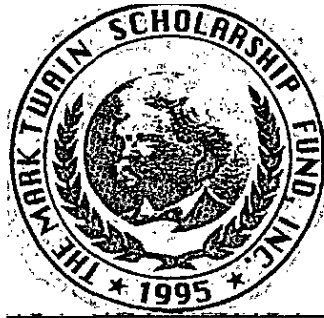
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida 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: CHRISTOS TZANETAKOS 01/10/2000 561-489-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

LS



N95000000566 (2)

THE MARK TWAIN SCHOLARSHIP FUND, INC.

The Official Scholarship of Atheists of Florida, Inc.
P.O. Box 3893 / Ft. Pierce, FL 34948-3893
Phone/Fax: (561) 465-6402 / E-mail: athalfc@aol.com

The Mark Twain Scholarship Fund, Inc.
F.E.I.-No. 65-0584407
Attachment to Reference Number: N95000000566 (Annual Report)

List of Trustees

(A) Name and Address	(B) Title
REBECA PORTO, MD 6041 SW 88 St. Miami, FL 33156	Secretary/Trustee
CHARLES ROSS 11166 Griffing Blvd, N. Miami, FL 33161	Treasurer/Trustee
CHARLES SCHISLER 374 Golfview Rd. #306 N. Palm Beach, FL 33408-3565	Trustee
CHRISTOS TZANETAKOS 3120 N. A-1-A #503-S Ft. Pierce, FL 34949	President/Trustee
Dr. JAMES W. WILLIAMSON, M.D. 2681 Fitzhugh Winter Park, FL 32792-3530	V.President/Trustee