

DOCUMENT # N95000000566

1. Entity Name  
THE MARK TWAIN SCHOLARSHIP FUND, INC.

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90008 013 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
3845 S.W. 41ST ST. 3120 N. A.1.A  
PEMBROKE PARK FL 33023 503-S  
FT. PIERCE FL 34949-8865

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0584407** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>TZANETAKOS, CHRISTOS</b> <b>3120 N A-1-A, 503-S</b> <b>FT. PIERCE FL 34949-8865</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PORTO, REBECA</b> <b>6041 SW 88 ST</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>WILLIAMSON, JAMES W M.D.</b> <b>2681 FITZHUGH</b> <b>WINTER PARK FL 32792</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROSS, CHARLES A</b> <b>3845 S.W. 41ST STREET</b> <b>PEMBROKE PARK FL 33023</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCHISLER, CHARLES</b> <b>374 GOLFVIEW ROAD, #306</b> <b>N. PALM BEACH FL 33408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>YACIW, BRENT</b> <b>6407 Gentle Ben Cir</b> <b>Wesley Chapel, FL 33544</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: SIGNATURE REQUIRED **CHRISTOS TZANETAKOS** 01/05/2001 561-489-5505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)