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**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000000566					
1. Entity Name THE MARK TWAIN SCHOLARSHIP FUND, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0584407 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, CHARLES A 3845 S.W. 41ST ST. PEMBROKE PARK FL 33023			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		(NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <i>President / Trustee</i> <input type="checkbox"/> Delete TZANETAKOS, CHRISTOS 3120 N A-1-A, 503-S FT. PIERCE FL 34949-8865		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete OWENS, NAN 4704 LAKEWOOD DRIVE SEFFNER FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	RAYMOND G. ERICKSON T 3120 N. A-1-A #501 Et. Pierce, FL 34949 Treasurer <i>Trustee / Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete MILES, STEPHEN <i>V. PRESIDENT</i> 6308 NW 136 STREET GAINESVILLE FL 32608 <i>TRUSTEE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SCHISLER, CHARLES 374 GOLFVIEW ROAD, #306 N. PALM BEACH FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MICHAEL BRANNON T 1626 S.W. 108th Terrace Davie, FL 33324 <i>TRUSTEE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete YACOW, BRENT 6407 GENTLE BEN CIRCLE WESLEY CHAPEL FL 33544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ALEX GIANNAKOULIAS T 2941 GLENPARK RD. Palm Harbor, FL 34683 <i>TRUSTEE / SECRETARY</i>
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	
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 empowerments.					
SIGNATURE: <i>SIGNATURE REQUIRED</i>		Date: <i>01/03/2003</i>		Daytime Phone #: <i>772-489-5505</i>	

CR2E037 (10/02)