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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

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. 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. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT President / TRUSTEE TZANETAKOS, CHRISTOS 3120 N A-1-A, 503-S FT. PIERCE FL 34949-8865	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, NAN 4704 LAKEWOOD DRIVE SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MILES, STEPHEN V. PRESIDENT 6308 NW 136 STREET GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHISLER, CHARLES 374 GOLFVIEW ROAD, #306 N. PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YACOW, BRENT 6407 GENTLE BEN CIRCLE WESLEY CHAPEL FL 33544	<input checked="" 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	RAYMOND G. ERICKSON T 3120 N. A-1-A #501 Et. Pierce, FL 34949 TRUSTEE / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL BRANNON T 1626 S.W. 108th Terrace Davie, FL 33324 TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX GIANNAKOULIAS T 2941 GLENPARK RD. Palm Harbor, FL 34683 TRUSTEE / SECRETARY	<input type="checkbox"/> Change <input checked="" 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 empowerments.

SIGNATURE: SIGNATURE REQUIRED Date: 01/03/2003 Daytime Phone #: 772-489-5505

CR2E037 (10/02)