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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Apr 12 1996 8:00 am

Secretary of State

DOCUMENT # N95000004026 (9)

1. Corporation Name

NATIONAL SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

Mailing Address

7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467



3. Date Incorporated or Qualified  
08/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 100 E. Linton Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 Suite # 500-A

City & State

27 City & State

23 Delray Beach, Fl.

Zip

Country

28 Zip

Country

24 33483

25 U.S.A.

29

30

4. FEI Number

65-0606493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MORSE, CALVIN S  
7394 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

Eleanor Morse

82 Street Address (P.O. Box Number is Not Acceptable)

7433 Rockbridge Circle

83

Lake Worth, Fl.

84

FL 85 Zip Code  
33467

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 *Eleanor Morse*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

~~1.1 TITLE~~  
~~1.2 NAME~~ *CALVIN S MORSE*  
~~1.3 STREET ADDRESS~~ *7394 MICHIGAN ISLE RD*  
~~1.4 CITY-ST-ZIP~~ *LAKE WORTH, FL 33467*

President  
Eleanor Morse  
7433 Rockbridge Circle  
Lake Worth, Fl. 33467

Treasurer  
Eleanor Morse  
7433 Rockbridge Circle  
Lake Worth, Fl. 33467

Vice President  
Dorothy Beam  
7394 Michigan Isle. Rd.  
Lake Worth, Fl. 33467

Secretary.. Sandra K. Brown  
380 Canal Point N. # 238  
Delray Beach, Fl. 33444

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/96* *407/278-922*

CR2E037 (12/95)