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FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N95000004026 (9)**

1. Corporation Name

**NATIONAL SCHOLARSHIP FOUNDATION, INC.**

Principal Place of Business

**100 E. LINTON BLVD.  
SUITE 500-A  
DELRAY BEACH FL 33483**

Mailing Address

**100 E. LINTON BLVD.  
SUITE 500-A  
DELRAY BEACH FL 33483-3330**



2. Principal Place of Business

**21 SAME**

Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

**25**

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**MORSE, ELEANOR M  
7433 ROCKBRIDGE CIR.  
LAKE WORTH FL 33467**

3. Date Incorporated or Qualified

**08/22/1995**

3a. Date of Last Report

**04/12/1996**

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>MORSE, ELEANOR</b>	
STREET ADDRESS	<b>7433 ROCKBRIDGE CIR.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAM, DOROTHY</b>	
STREET ADDRESS	<b>7394 MICHIGAN ISLE RD. (address change)</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, SANDRA K</b>	
STREET ADDRESS	<b>380 CANAL POINT N., #238</b>	
CITY-ST-ZIP	<b>DELRAY FL 33444</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>BEAM, DOROTHY</b>
2.4 CITY-ST-ZIP	<b>39 NORTH HARBOUR DRIVE</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>TIMOTHY QUINN</b>
3.4 CITY-ST-ZIP	<b>2433 SOUTH RIDGE ROAD</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 attachment with an address.

CR2E037 (9/96)