## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005299

FILED May 04, 2007 Secretary of State

Entity Name: THE "NEGRO SPIRITUAL" SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1111 N ORANGE AVE ORLANDO, FL 328046407 US **Current Mailing Address: New Mailing Address:** 1111 N ORANGE AVE ORLANDO, FL 328046407 US FEI Number: 59-3413380 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLEARE, RUDOLPH 1111 N ORANGE AVE US ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LEDBETTER, CAL HAYES-ARTHUR, RONETTE Name: Name: 5075 BARNEGAT POINTE Address: 2806 WESSEX STREET Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32803 Title: VCD Title: (X) Change ( ) Addition () Delete MILLS, KEN J Name: MILLS, HAROLD F Name: Address: PO BOX 593330 Address: 111 NORTH ORANGE AVE SUITE 1400 City-St-Zip: ORLANDO, FL 32859 City-St-Zip: ORLANDO, FL 32801 Title: CD () Delete Title: () Change () Addition KELLY, DOUGLAS Name: Name: Address: PO BOX 1526 Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: FISHER, JASON Name: HARDING, WANDA 2303 ARDON AVE Address: 60 TARPON CIRCLE Address: City-St-Zip: WINTER SPRINGS, FL 327084112 City-St-Zip: ORLANDO, FL 32833 Title: **EVPD** () Delete Title: () Change () Addition RUDOLPH CLEARE, Name: Name: 7808 LILLWILL AVE Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPH CLEARE EVPD 05/04/2007