2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N96000005299

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

Current Principal Place of Business:

1111 N ORANGE AVE
ORLANDO, FL 328046407 US

New Principal Place of Business:

Current Mailing Address:

1111 N ORANGE AVE
ORLANDO, FL 328046407 US

New Mailing Address:

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:

CLEARE, RUDOLPH
1111 N ORANGE AVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete
Name: LEDBETTER, CAL
Address: 2806 WESSEX STREET
City-St-Zip: ORLANDO, FL 32803

Title: VCD ( ) Delete
Name: MILLS, HAROLD F
Address: 111 NORTH ORANGE AVE SUITE 1400
City-St-Zip: ORLANDO, FL 32801

Title: CD ( ) Delete
Name: KELLY, DOUGLAS
Address: PO BOX 1526
City-St-Zip: ORLANDO, FL 32802

Title: TD ( ) Delete
Name: HARDING, WANDA
Address: 2303 ARDON AVE
City-St-Zip: ORLANDO, FL 32833

Title: EVPD ( ) Delete
Name: RUDOLPH CLEARE,
Address: 7808 LILLWILL AVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: GOODWIN, MARCIA
Address: PO BOX 4990
City-St-Zip: ORLANDO, FL 32802

Title: TD (X) Change ( ) Addition
Name: BETHEL, CRAIG
Address: 390 N ORANGE AVE STE 700
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
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 C CLEARE EVPD 05/01/2008

Electronic Signature of Signing Officer or Director — Date