## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005299

FILED May 05, 2009 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:** PO BOX 547728 1111 N ORANGE AVE ORLANDO, FL 328046407 US ORLANDO, FL 32854 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 CLEARE, RUDOLPH 1111 NORTH ORANGE AVE 1111 N ORANGE AVE US ORLANDO, FL 32804 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: 05/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEDBETTER, CAL Name: Name: 2806 WESSEX STREET Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: VCD () Delete Title: () Change () Addition Name: MILLS, HAROLD F Name: Address: 111 NORTH ORANGE AVE SUITE 1400 Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: CD () Delete Title: (X) Change ( ) Addition GOODWIN, MARCIA Name: FISHER, ALLISTER Name: Address: PO BOX 4990 Address: PO BOX 540141 City-St-Zip: ORLANDO, FL 32802 City-St-Zip: ORLANDO, FL 32854 Title: TD () Delete Title: () Change () Addition Name: BETHEL, CRAIG Name: 390 N ORANGE AVE STE 700 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: Title: **EVPD** () Delete () 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 C CLEARE EVPD 05/05/2009