

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90168 001 ****61.25

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1. Corporation Name

THE MELVIN THARPE SCHOLARSHIP FUND, INC.

Principal Place of Business

10755 SW 52ND TERRACE
MIAMI FL 33165

Mailing Address

10755 SW 52ND TERRACE
MIAMI FL 33165



2. Principal Place of Business

21 701 S.E. 6th street
Suite, Apt. #, etc.

22 Ft. Lauderdale Fla

23 33301 Broward

24 Zip Country
25 USA

2a. Mailing Address

26 701 SE 6th st

27 Ft. Laud Fla

28 33301

29 Zip Country
30 USA

3. Date Incorporated or Qualified

03/29/1997

4. FEI Number

65-0811410

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

9. Name and Address of Current Registered Agent

BRENNAN, J L ESQ.
7700 NO KENDALL DRIVE STE 705
MIAMI FL 33156

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

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 D
NAME TURNER, FAYE
STREET ADDRESS 9060 WARRICKSHORE 6820 Highway 70 South
CITY-ST-ZIP JACKSONVILLE FL 32257 Apt 310 Nashville, Tenn 37221

TITLE D
NAME BARTLEY, DAVID
STREET ADDRESS 1827 SEDBERRY RD
CITY-ST-ZIP FRANKLIN TN 37064

TITLE D
NAME LOY, ROBERT
STREET ADDRESS 11215 NO NEBRASKA AVE STE B3
CITY-ST-ZIP TAMPA FL 33612

TITLE D
NAME JUDGE, DANA D
STREET ADDRESS 1 ISLAND DRIVE STE 13
CITY-ST-ZIP NORWALK CT 06855

TITLE D
NAME BRENNAN, J L
STREET ADDRESS 10755 SW 52ND TERRACE 701 S.E. 6th St.
CITY-ST-ZIP MIAMI FL 33165 Ft. Laud, FL 33301

TITLE D
NAME BLAZER, GREGORY ESQ.
STREET ADDRESS 150 E PONCE DE LEON BLVD.
CITY-ST-ZIP DECATUR GA 30030

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

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.2.99 305.279.2130

CR2E037 (11/98)