## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

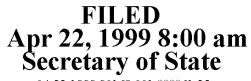
## DOCUMENT # N9700001911

1. Corporation Name

THE MELVIN THARPE SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address



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

TO755 SW 52ND TERRACE MIAMI EL 33165  MIAMI EL 33165								
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	<del></del>	
21 701 S.E. UM STreet 26 701 SE. 6 M				•	03/29/1997		-	
Suite, Apt. #, etc.			41		4. FEI Number			plied For
22 - 1 augurally 14 27 - 1 aug				1 :	65-0811410	<del></del>		t Applicable
23 3330 Brown 28 3330					5. Certifcate of Status Desired		\$8.75 A	
Zip	Country SA	Zip 29 30	Couptry	SA	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	-
	9. Name and Address of Current Ro	egistered Agent			10. Name and Address of New R	legistered A	Agent	
			81	Name				
BRENNAN, J L ESO.			82 Street Addre		dress (P.O. Box Number is Not Accepta	ble)	·	
	KENDALL DRIVE STE 705		83					
MIAMI FL	33156						Taglier Z	
	Company many gard of the	•	84	City		FL	85 Zip 0	ode
office or r	to the provisions of Sections 617.0502 are egistered agent, or both, in the State of F m familiar with, and accept the obligations	lorida. Such change was auth	orized by	the corporat	poration submits this statement for the ion's board of directors. I hereby accep	t the appoin	changing its tment as re	registered gistered
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Re		t signature requir	red when reinstating)	DATE	NDEATO	DO 101 40
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFF	-ICERS AND		
TITLE	D							
		☐ DELETE	1.1 TITLE	1			Change	☐ Addition
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NAME STREET ADDRESS	TURNER, FAYE 9060 WARWICKSHORE 6920 H	ighway 70 South		ADDRESS			Change	C Aguilloti
STREET ADDRESS	TURNER, FAYE  9000 WARWICKSHORE 6 20 th  JACKSONVILLE FL 92257 NGS	ighway 70 Suuth Apr / 310 hymld, Tenn -37221	1.2 NAME 1.3 STREET 1.4 CITY-S	ļ		·		
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all other like empowered.

SIGNATURE:

14. I hereby certify that the information supp officer or director of the corpora Block 12 or Block 13

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information but is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an exemply end to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

ing.