

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705385

Entity Name: BASIL L. KING SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**3600 NORTH MILTON ROAD
FORT PIERCE, FL 34946**Current Mailing Address:**3600 NORTH MILTON ROAD
FORT PIERCE, FL 34946 US**FEI Number:** 59-0651084**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEE, FRANK HILL, ESQ
426 AVENUE A
FT PIERCE, FL 34950 US*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**Officer/Director Detail :**

Title	CHAIRMAN
Name	FEE, FRANK HILL
Address	426 AVENUE A
City-State-Zip:	FT PIERCE FL 34950

Title	DIRECTOR
Name	JOHNSTON, FREDERICK T
Address	334 SE NARANJA AVENUE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	ABERNETHY, BRUCE
Address	500 VIRGINIA AVE, SUITE 202
City-State-Zip:	FORT PIERCE FL 34982

Title	ED
Name	HAISLEY, JIMMIE A
Address	3600 NORTH MILTON ROAD
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR
Name	BENTON, MARGARET
Address	800 VIRGINIA AVE #10
City-State-Zip:	FORT PIERCE FL 34982

Title	DIRECTOR
Name	DECKER, ANN
Address	3209 VIRGINIA AVENUE
City-State-Zip:	FORT PIERCE FL 34981

Title	DIRECTOR
Name	KING, BETTY
Address	3600 NORTH MILTON ROAD
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR
Name	RIPPER, KAREN
Address	3600 NORTH MILTON ROAD
City-State-Zip:	FORT PIERCE FL 34946

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JIMMIE ANNE HAISLEY**EXECUTIVE DIRECTOR****01/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLARK, EILEAN R
Address 1812 AVENUE M
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name HUBBARD, ANN
Address 3209 VIRGINIA AVENUE
City-State-Zip: FORT PIERCE FL 34981