

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90078 009 ****70.00

DOCUMENT # N02000001962

1. Entity Name
STREETCORNER FOUNDATION, INC.



Principal Place of Business
1805 CANOVA ST., STE. 4
PALM BAY, FL 32909

Mailing Address
1805 CANOVA ST., STE. 4
PALM BAY, FL 32909

54058642



2. Principal Place of Business
501 E Franklin St.

3. Mailing Address
501 E Franklin St.

Suite/Apt. #, etc.
215

Suite, Apt. #, etc.
Ste 215

06212004 Chg-NP CR2E037 (10/03)

City & State
Richmond VA

City & State
Richmond VA

4. FEI Number
04-3606169

Applied For
Not Applicable

Zip Country
23219 USA

Zip Country
23219 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPLETE BUSINESS SOLUTIONS, INC
1805 CANOVA ST., STE. 4
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name Jessie Dillard
Street Address (P.O. Box Number is Not Acceptable)
1480 NW 194th Street
City Miami FL Zip Code 33169

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jessie Dillard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/21/04
DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORGAN, DARREN
STREET ADDRESS 14122 BISHOP CLAGGETT CIR.
CITY-ST-ZIP UPPERMARBRRO, MD 20772 ☐ Delete

TITLE TD
NAME KLOCK, JEFFERY
STREET ADDRESS 1695 MONTEREY DR., #203
CITY-ST-ZIP PALM BAY, FL 32905 ☒ Delete

TITLE VD
NAME MILLER, LORAIN C
STREET ADDRESS 1637 WACKER AVE. SE
CITY-ST-ZIP PALM BAY, FL 32909 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Morgan, Darian
STREET ADDRESS 14122 Bishop Claggett Court
CITY-ST-ZIP Upper Marlboro, MD 20772 ☒ Change ☐ Addition

TITLE T
NAME Joyner, Rhea
STREET ADDRESS 1804 Cornell Ave
CITY-ST-ZIP Richmond, VA 23226 ☐ Change ☒ Addition

TITLE V
NAME Riley, Jason
STREET ADDRESS 10 Tower Drive
CITY-ST-ZIP Port Lee, NJ 07024 ☐ Change ☒ Addition

TITLE S/D
NAME Gray, Dawn-Marie
STREET ADDRESS 149 Adams Street NW
CITY-ST-ZIP Washington, DC 20001 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/04

Date

864-521-4240

Daytime Phone #