

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001388

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOUNDATION INC.

**Current Principal Place of Business:**

14422 SW 147TH. COURT  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

14422 SW 147TH. COURT  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 65-0524608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODEN, JOSEPH  
11206 NW 36 AVE  
MIAMI, FL 33167 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RHODEN, JOSEPH A  
Address: 14422 SW 147TH CT.  
City-St-Zip: MIAMI, FL 33196

Title: VD  
Name: RHODEN, MICHELLE H  
Address: 14422 SW 147TH CT.  
City-St-Zip: MIAMI, FL 33196

Title: DT  
Name: HAMILTON, JERRY  
Address: 3342 LAUREL OAK STREET  
City-St-Zip: HOLLYWOOD, FL 33312

Title: D  
Name: JONES, DARYL L SENATOR  
Address: 15820 SW 98 CT  
City-St-Zip: MIAMI, FL 33157

Title: D  
Name: LAROE, MICHELLE DR.  
Address: 922 HOMESTEAD RIDGE  
City-St-Zip: NEW BRAUNFELS, TX 78132

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: JOSEPH RHODEN

PD

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date