

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90303 020 \*\*\*\*61.25

**DOCUMENT # N94000001388**

1. Entity Name

**KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOUN  
DATION INC.**



Principal Place of Business

**14422 SW 147TH CT.  
MIAMI FL 33196  
US**

Mailing Address

**14422 SW 147TH CT.  
MIAMI FL 33196  
US**

2. Principal Place of Business

**14422 SW 147 COURT**  
Suite, Apt. #, etc.

3. Mailing Address

**14422 SW 147 COURT**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number **65-0524608**

Applied For

☐ Not Applicable

Zip

**33196**

Country

**USA**

Zip

**33196**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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** ☐ Delete  
NAME **RHODEN, JOSEPH A**  
STREET ADDRESS **14422 SW 147TH CT.**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VD** ☐ Delete  
NAME **RHODEN, MICHELLE H**  
STREET ADDRESS **14422 SW 147TH CT.**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DT** ☐ Delete  
NAME **HAMILTON, JERRY**  
STREET ADDRESS **901 NE 209TH TERRACE, #101**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **D** ☐ Delete  
NAME **JONES, DARYL L SENATOR**  
STREET ADDRESS **15820 SW 98 CT**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete  
NAME **LAROE, MICHELLE DR.**  
STREET ADDRESS **9327 MOSS TR**  
CITY-ST-ZIP **DALLAS TX 75231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

**4-22-03 (305) 251-7765**

CR2E037 (10/02)