

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002018

Entity Name: MADGE LEWIS SCHOLARSHIP FOUNDATION (MLSF), INC.**Current Principal Place of Business:**4700 NW 4TH COURT
PLANTATION, FL 33317**Current Mailing Address:**4700 NW 4TH COURT
PLANTATION, FL 33317**FEI Number:** 26-1887146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART, CARLENE
4700 NW 4TH COURT
PLANTATION, FL 33317 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 P
Name MCTAGGART, MARGARET G
Address 4700 NW 4TH COURT
City-State-Zip: PLANTATION FL 33317

Title S
Name STERLING, LORAIN
Address 4700 NW 4TH COURT
City-State-Zip: PLANTATION FL 33317

Title D
Name LEWIS, ROY C
Address 4700 NW 4TH COURT
City-State-Zip: PLANTATION FL 33317

Title D
Name SIMPSON, SHAYNE
Address 3640 NW 116TH TERRACE
City-State-Zip: CORAL SPRINGS FL 33065

Title T
Name FRAY, KARLENE DR.
Address 4700 NW 4TH COURT
City-State-Zip: PLANTATION FL 33317

Title D
Name STEWART, CARLENE
Address 4700 NW 4TH COURT
City-State-Zip: PLANTATION FL 33317

Title D
Name FACEY, OWEN DR
Address 4700 NW 4TH COURT
City-State-Zip: PLANTATION FL 33317

Title D
Name BADDAL, KIMONE
Address 131-55 227 STREET
City-State-Zip: LAURELTON NY 11413-1738

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: KARLENE FRAY**TREASURER****01/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BONNICK, SABRINA
Address 1101 NW 58 TERRACE
APT 103
City-State-Zip: SUNRISE FL 33313

Title DIRECTOR
Name MURPHY, MADGE
Address 93 PRATT STREET
City-State-Zip: EAST HARTFORD CT 06118

Title DIRECTOR
Name RUSSELL, CARROL
Address 4040 NW 47TH TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33319

Title D
Name MURPHY, JAMAHL
Address 93 PRATT STREET
City-State-Zip: EAST HARTFORD CT 06118

Title DIRECTOR
Name WEST, OLIVA
Address 5260 NW 12TH STREET
City-State-Zip: LAUDERHILL FL 33313