

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006325

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC4593485149**

**Entity Name:** RISING SCHOLARS USA SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

1 GRAEMOOR TERRACE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

1617 SILVER BEACH ROAD  
P.O. BOX32373  
WEST PALM BEACH, FL 33420 US

**FEI Number:** 45-2681128

**Certificate of Status Desired:** Yes

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

BROWN, JAMES W  
1 GRAEMOOR TERRACE  
PALM BEACH GARDENS, FL 33418 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            CEO  
Name            BROWN, JAMES W  
Address        1 GRAEMOOR TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33420

Title            VP  
Name            BROWN, REBEKKAH B  
Address        1 GRAEMOOR TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33420

Title            VP  
Name            FORD, ERIN J  
Address        1 GRAEMOOR TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33420

Title            VP  
Name            BROWN, DAVID J  
Address        1 GRAEMOOR TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33420

Title            VP  
Name            SMITH, CALVERT H  
Address        1930 GOSS ROAD  
City-State-Zip: CINCINATTI OH 45229

*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:** JAMES W BROWN

**CEO**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date