| Current Principal P | Place of Business: |
|---------------------|--------------------|
| 17723 NW 62ND PL N  |                    |
| HIALEAH, FL 33015   |                    |
|                     |                    |

Entity Name: WELLINGTON N. GILBERT SCHOLARSHIP FOUNDATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## 17723 NW 62ND PL N HIALEAH, FL 33015

**Current Mailing Address:** 

DOCUMENT# N11000011764

## FEI Number: 45-4123036

## Name and Address of Current Registered Agent:

GILBERT, MEALIE 17723 NW 62ND PL N HIALEAH, FL 33015 US FILED Apr 23, 2018 Secretary of State CC9084623032

Certificate of Status Desired: Yes

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

## **Officer/Director Detail :**

| Title           | DP                     | Title           | DS                     |
|-----------------|------------------------|-----------------|------------------------|
| Name            | GILBERT, MEALIE        | Name            | TATE, BLONDELL         |
| Address         | 17723 NW 62ND PL N     | Address         | 20554 NW 19TH AVE      |
| City-State-Zip: | HIALEAH FL 33015       | City-State-Zip: | MIAMI GARDENS FL 33054 |
|                 |                        |                 |                        |
| <b>T</b> :0     | 27                     | T:41 a          | DV                     |
| Title           | DT                     | Title           | DV                     |
| Title<br>Name   | DT<br>MENENDEZ, ANGELA | Title<br>Name   | DV<br>WELLS, HELEN     |
|                 |                        |                 |                        |

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: MEALIE MOSLEY GILBERT

PRESIDENT

04/23/2018

Date

Electronic Signature of Signing Officer/Director Detail