

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011764

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

**FILED**  
**May 04, 2016**  
**Secretary of State**  
**CC4536704364**

**Current Principal Place of Business:**

17723 NW 62ND PL N  
HIALEAH, FL 33015

**Current Mailing Address:**

17723 NW 62ND PL N  
HIALEAH, FL 33015

**FEI Number: 45-4123036**

**Certificate of Status Desired: No**

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

GILBERT, MEALIE  
17723 NW 62ND PL N  
HIALEAH, FL 33015 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 DP  
Name GILBERT, MEALIE  
Address 17723 NW 62ND PL N  
City-State-Zip: HIALEAH FL 33015

Title DS  
Name TATE, BLONDELL  
Address 20554 NW 19TH AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title DT  
Name MENENDEZ, ANGELA  
Address 7948 WEST 15TH LANE  
City-State-Zip: HIALEAH FL 33014

Title DV  
Name WELLS, HELEN  
Address 20625 NW 24TH AVE  
City-State-Zip: MIAMI GARDENS FL 33054

*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 GILBERT**

**PRESIDENT**

**05/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date