

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000011780

**Entity Name:** MARK A. HAMILTON MEMORIAL SCHOLARSHIP INC.

**Current Principal Place of Business:**

3055 NW 126TH AVE.  
423  
SUNRISE, FL 33323

**Current Mailing Address:**

3055 NW 126TH AVE.  
423  
SUNRISE, FL 33323

**FEI Number:** 93-3688783

**Certificate of Status Desired:** No

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

HAMILTON, IAN M  
3055 NW 126TH AVE.  
423  
SUNRISE, FL 33323 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 HAMILTON, IAN M  
Address 3055 NW 126TH AVE 423  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name HAMILTON, VINORA N  
Address 3055 NW 126TH AVE 423  
City-State-Zip: SUNRISE FL 33323

Title DIR  
Name HAMILTON, MELANIE C  
Address 3055 NW 126TH AVE 423  
City-State-Zip: SUNRISE FL 33323

Title DIR  
Name HAMILTON, WAYNE A  
Address 3801 COPPER RIDGE RD.  
City-State-Zip: ROGERS AK 72756

Title DIR  
Name HAMILTON, OPAL P  
Address 12256 NW 50TH ST  
City-State-Zip: COOPER CITY FL 33330

Title DIR  
Name MORRISON, MAURICE P  
Address 13417 NW 5 PL  
City-State-Zip: PLANTATION FL 33325

*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:** IAN M HAMILTON

**PRESIDENT**

**02/03/2024**

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

\_\_\_\_\_  
Date