

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001388

**Entity Name:** KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP  
FOUNDATION INC.**FILED**  
**Apr 12, 2015**  
**Secretary of State**  
**CC6438727718****Current Principal Place of Business:**14422 SW 147TH. COURT  
MIAMI, FL 33196**Current Mailing Address:**14422 SW 147TH. COURT  
MIAMI, FL 33196 US**FEI Number: 65-0524608****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RHODEN, JOSEPH  
11206 NW 36 AVE  
MIAMI, FL 33167 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	PD	Title	VD
Name	RHODEN, JOSEPH A	Name	RHODEN, MICHELLE H
Address	14422 SW 147TH CT.	Address	14422 SW 147TH CT.
City-State-Zip:	MIAMI FL 33196	City-State-Zip:	MIAMI FL 33196
Title	DT	Title	D
Name	HAMILTON, JERRY	Name	JONES, DARYL LSENATOR
Address	3342 LAUREL OAK STREET	Address	15820 SW 98 CT
City-State-Zip:	HOLLYWOOD FL 33312	City-State-Zip:	MIAMI FL 33157
Title	D		
Name	LAROE, MICHELLE DR.		
Address	922 HOMESTEAD RIDGE		
City-State-Zip:	NEW BRAUNFELS TX 78132		

*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: JOSEPH RHODEN****PRESIDENT****04/12/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date