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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753711

(1)

1. Corporation Name

RON FRIEDMAN SCHOLARSHIP FUND, INC.

Principal Place of Business

5811 S.W. 91ST AVE.
MIAMI FL 33173

NOTE NEW
ADDRESS:

Mailing Address

5811 S.W. 91ST AVE.
MIAMI FL 33173

1000 St. Charles Pl #205
Pembroke Pines, Fla. 33026

MAILING ADDRESS
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1980

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2139506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 1000 St. Charles Pl

Suite, Apt. #, etc.

22 #205

City & State

23 Pembroke Pines Fla

Zip

24 33026

Country

25 USA

2a. Mailing Address

26 1000 St. Charles PL

Suite, Apt. #, etc.

27 #205

City & State

28 Pembroke Pines Fla

Zip

29 33026

Country

30 USA

9. Name and Address of Current Registered Agent

FRIEDMAN, SARI
5811 S.W. 91ST AVENUE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

FRIEDMAN, SARI

82 Street Address (P.O. Box Number is Not Acceptable)

1000 ST. CHARLES PL, #205

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SARI FRIEDMAN PRESIDENT Sari Friedman, President

DATE March 9, 1995

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

STD
FRIEDMAN, MARTIN
5811 S.W. 91ST AVE.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
FRIEDMAN, SARI
5811 S.W. 91ST AVE.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD
FRIEDMAN, STEPHEN
5811 S.W. 91ST AVE.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

1000 St. Charles Pl #205
Pembroke Pines, Fla. 33026

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

1000 St. Charles Pl #205
Pembroke Pines, Fla. 33026

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

7004 N.W. 67 Terrace
Parkland, Fla. 33067

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sari Friedman

Sari Friedman PD

(305) 430-3846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Print Name)