

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767435

FILED
Jun 30, 2005
Secretary of State

Entity Name: MARY AND KEN RHODES HOLLYWOOD KIWANIS SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

% LEXOW BRACKINS KOFFLER
3900 HOLLYWOOD BLVD. PH-N
HOLLYWOOD, FL 33021

New Principal Place of Business:

% LEXOW JOHNSON KOFFLER GLATER & ADORNO
3900 HOLLYWOOD BLVD. PH-N
HOLLYWOOD, FL 33021

Current Mailing Address:

% LEXOW BRACKINS KOFFLER
3900 HOLLYWOOD BLVD. PH-N
HOLLYWOOD, FL 33021

New Mailing Address:

% LEXOW JOHNSON KOFFLER GLATER & ADORNO
3900 HOLLYWOOD BLVD. PH-N
HOLLYWOOD, FL 33021

FEI Number: 65-0156327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOFFLER, DENNIS J.
3900 HOLLYWOOD BOULEVARD, PH-N
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKER, THOMAS
Address: 726 N. CRESCENT DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: MAHON, JOHN
Address: 400 LESLIE DRIVE, #803
City-St-Zip: HOLLYWOOD, FL

Title: TD () Delete
Name: KOFFLER, DENNIS J
Address: 3900 HWD BLVD PH-N
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: TAIE, SAIED
Address: 541 NORTH STATE RD 7
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VD () Delete
Name: SIMONS, JEROME
Address: 3864 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS J. KOFFLER

TD

06/30/2005

Electronic Signature of Signing Officer or Director

Date