

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005027

1. Entity Name
BEULAH A. G. SMITH SCHOLARSHIP FUND, INC.



Principal Place of Business

**% EUFAULA FRAZIER
4929 NW 17TH AVE
MIAMI, FL 33142**

Mailing Address

**% EUFAULA FRAZIER
4929 NW 17TH AVE
MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



02082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
36-3755734

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRAZIER, EUFAULA
4929 NW 17TH AVE
MIAMI, FL 33142**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, DANIEL
STREET ADDRESS 12837 SLOOMS
CITY - ST - ZIP CALUMET PK, IL 60643

TITLE VPD
NAME PATTERSON, CORA
STREET ADDRESS 3718 17TH ST NE
CITY - ST - ZIP WASHINGTON, DC 20018

TITLE CEO
NAME SMITH, LUCIOUS H
STREET ADDRESS 9724 S. SANGAMON
CITY - ST - ZIP CHICAGO, IL 60643

TITLE SD
NAME SHAW, JOYCE
STREET ADDRESS 2453 BAXTER RD SW
CITY - ST - ZIP ATLANTA, GA

TITLE TD
NAME SMITH, LISA
STREET ADDRESS 12837 SLOOMS
CITY - ST - ZIP CALUMET PK, IL 60643

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #