2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005027

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

Principal Place of Business	Mailing Address
% EUFAULA FRAZIER 4929 NW 17TH AVE MIAMI, FL 33142	% EUFAULA FRAZIER 4929 NW 17TH AVE MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

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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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: Lucious H Smith CEO 1/12/06
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, 2006

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	CEOD
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	

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01/27/06-80004-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Lucious H Smith CEO 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #