

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F96000005027

1. Entity Name

BEULAH A. G. SMITH SCHOLARSHIP FUND, INC.



FILED

07 JUL 23 AM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



02072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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, 2007**

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

600108390456  
08/21/07--01058--015 \*\*\$9.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #