

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005027

FILED
Apr 04, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 36-3755734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRAZIER, EUFAULA
4929 NW 17TH AVE
MIAMI, FL 33142 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: SMITH, DANIEL
Address: 12837 SLOOMS
City-St-Zip: CALUMET PK, IL 60643

Title: VPD () Delete
Name: PATTERSON, CORA
Address: 3718 17TH ST NE
City-St-Zip: WASHINGTON, DC 20018

Title: CEO () Delete
Name: SMITH, LUCIOUS H
Address: 9724 S. SANGAMON
City-St-Zip: CHICAGO, IL 60643

Title: SD () Delete
Name: SHAW, JOYCE
Address: 2453 BAXTER RD SW
City-St-Zip: ATLANTA, GA

Title: TD () Delete
Name: SMITH, LISA
Address: 12837 SLOOMS
City-St-Zip: CALUMET PK, IL 60643

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 exemption stated 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 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: LUCIOUS H. SMITH

CEOD

04/04/2009

Electronic Signature of Signing Officer or Director

Date