## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009638

FILED Sep 23, 2004 Secretary of State

Entity Name: ELVIN IZAL LEWIS THE FIRST EDUCATION AND SCHOLARSHIP FOUNDATION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1511 NORTHWEST 125TH AVENUE **SUITE 8-208** SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** 1511 NORTHWEST 125TH AVENUE **SUITE 8-208** SUNRISE, FL 33323 FEI Number: 11-3682534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPANN, JULIA E MSLIS SPANN, JULIA ELVINA E MSLIS 1511 NÓRTHWEST 125TH AVENUE 1511 NORTHWEST 125TH AVENUE **SUITE 8-208** SUITE 8-208 SUNRISE, FL 33323 SUNRISE, FL 33323 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: JULIA ELVINA E SPANN 09/23/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change ( ) Addition () Delete SPANN, JULIA E MSLIS Name: SPANN, JULIA ELVINA E MSLIS Name: 1511 NW 125TH AVE., #8-208 Address: 1511 NW 125TH AVE., #8-208 Address: SUNRISE, FL 33323 City-St-Zip: City-St-Zip: SUNRISE, FL 33323 Title: () Delete Title: () Change () Addition SPANN, THOMAS D SGT Name: Name: Address: 1511 NW 125TH AVE., #8208 Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete JOHN, DAVE Name: Name: 2331 N. STATE ROAD 7, STE. 214B Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: ( ) Delete Title: DIR Title: () Change () Addition Name: DNA2, DNA D Name: DNA20 Address: Address: City-St-Zip: DNA, DC 00000 City-St-Zip: Title: DIR () Delete Title: () Change () Addition DNA3, DNA D Name: Name: DNA30 Address: Address: DNA, DC 00000 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition DNA1, DNA Name: Name: Address: DNA10 Address:

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.

City-St-Zip:

SIGNATURE: JULIA ELVINA E SPANN PRES 09/23/2004

DNA, DC 00000

City-St-Zip: