


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000000010	
<b>1. Entity Name</b> SOLOMON BARNES SCHOLARSHIP FUND, INC.	

<b>Principal Place of Business</b> 1017 N W 9TH COURT MIAMI, FL 33136-3012	<b>Mailing Address</b> 1017 N W 9TH COURT MIAMI, FL 33136-3012
--	--

DO NOT WRITE IN THIS SPACE



02262004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-1170077	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, THOMASINA H ESQ 80 SW 80TH STREET SUITE 1830 MIAMI, FL 33130-3047	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** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000084810 03/11/04-80022-020 70.00
---	---	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP SMITH, H.T. 1017 N W 9TH COURT MIAMI, FL 331363012
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV STINSON, SOLOMON DR. 1450 NE 2ND AVENUE ROOM 700 MIAMI, FL 33132
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DST YOUNG, FRED 17041 NW 10TH COURT MIAMI, FL 331693012
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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)(f), 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.

<b>SIGNATURE:</b> <u>Fred B. Young, DST</u>	<u>3/9/04</u>	<u>308</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>