2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000000010

1. Entity Name

SOLOMON BARNES SCHOLARSHIP FUND, INC.



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

Principal Place of Business

Mailing Address

1017 N W 9TH COURT MIAMI, FL 33136-3012

1017 N W 9TH COURT MIAMI, FL 33136-3012



01172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-1170077

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 DP NAME SMITH, H.T. STREET ADDRESS 1017 N W 9TH COURT CETY-ST-ZIP MIAMI, FL 331363012 TITLE DV NAME STINSON, SOLOMON DR. STREET ADDRESS 1450 NE 2ND AVENUE ROOM 700 CHTY-ST-ZIP MIAMI, FL 33132 TITLE DST YOUNG, FRED STREET ADDRESS 17041 NW 10TH COURT CITY-ST-ZIP MIAMI, FL 331693012 TITLE BARNES, SANDRA H NAME STREET ADDRESS 4470 NW 176 TERRACE CITY-ST-ZIP MIAMI, FL 33054 TITLE NAME JONES, MATTYE H STREET ADDRESS 8975 NW AVE CITY-ST-ZIP EL PORTAL, FL 33150 TITLE

UOOO08396789 30/06-80023-015 70.00

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.

NAME STREET ADDRESS CITY-ST-ZIP