


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90026 009 ****70.00

DOCUMENT # N03000000010						
1. Entity Name SOLOMON BARNES SCHOLARSHIP FUND, INC.						
Principal Place of Business 1017 N W 9TH COURT MIAMI, FL 33136-3012			Mailing Address 1017 N W 9TH COURT MIAMI, FL 33136-3012			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-1170077		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
WILLIAMS, THOMASINA H ESQ 80 SW 80TH STREET SUITE 1830 MIAMI, FL 33130-3047			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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 _____			DATE _____			
Filing Fee, is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, H.T.			NAME		
STREET ADDRESS	1017 N W 9TH COURT			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331363012			CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINSON, SOLOMON DR.			NAME		
STREET ADDRESS	1450 NE 2ND AVENUE ROOM 700			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132			CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, FRED			NAME		
STREET ADDRESS	17041 NW 10TH COURT			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331693012			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, SANDRA H			NAME		
STREET ADDRESS	4470 NW 176 TERRACE			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33054			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, MATTYE H			NAME	Jones, Mattye H.	
STREET ADDRESS	8975 NW AVE			STREET ADDRESS	8975 N.W. 1st Avenue	
CITY-ST-ZIP	EL PORTAL, FL 33150			CITY-ST-ZIP	El Portal, FL 33150	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: <u>Fred B. Young</u>			Date: <u>2/7/07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #			

4001400



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