

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90021 021 ****80.00

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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



02012008 No Chg-NP

CR2E037 (4/06)

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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

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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, 2008**

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
CITY-ST-ZIP MIAMI, FL 331363012

TITLE DV
NAME STINSON, SOLOMON DR.
STREET ADDRESS 1450 NE 2ND AVENUE ROOM 700
CITY-ST-ZIP MIAMI, FL 33132

TITLE DST
NAME YOUNG, FRED
STREET ADDRESS 17041 NW 10TH COURT
CITY-ST-ZIP MIAMI, FL 331693012

TITLE D
NAME BARNES, SANDRA H
STREET ADDRESS 4470 NW 176 TERRACE
CITY-ST-ZIP MIAMI, FL 33054

TITLE D
NAME JONES, MATTYE H
STREET ADDRESS 8975 NW 1ST AVE.
CITY-ST-ZIP EL PORTAL, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #