

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000010

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** SOLOMON BARNES SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

1017 N W 9TH COURT  
MIAMI, FL 331363012

**New Principal Place of Business:**

**Current Mailing Address:**

1017 N W 9TH COURT  
MIAMI, FL 331363012

**New Mailing Address:**

**FEI Number:** 65-1170077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, THOMASINA H ESQ  
80 SW 80TH STREET SUITE 1830  
MIAMI, FL 331303047 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SMITH, H.T.  
Address: 1017 N W 9TH COURT  
City-St-Zip: MIAMI, FL 331363012

Title: DV ( ) Delete  
Name: STINSON, SOLOMON DR.  
Address: 1450 NE 2ND AVENUE ROOM 700  
City-St-Zip: MIAMI, FL 33132

Title: DST ( ) Delete  
Name: YOUNG, FRED  
Address: 17041 NW 10TH COURT  
City-St-Zip: MIAMI, FL 331693012

Title: D ( ) Delete  
Name: BARNES, SANDRA H  
Address: 4470 NW 176 TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Delete  
Name: JONES, MATTYE H  
Address: 8975 NW 1ST AVE.  
City-St-Zip: EL PORTAL, FL 33150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: FRED B. YOUNG

DS

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date