

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003409

FILED  
Jul 15, 2006  
Secretary of State

**Entity Name:** SCHOLARSHIP FOR SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

PENDING  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

1031 W JASMINE LANE  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:** 30-0306417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

EDWARDS, BRENDA  
1031 W JASMINE LANE  
NORTH LAUDERDALE, FL 33068      US

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: P      ( ) Delete  
Name: EDWARDS, BRENDA N  
Address: 1031 W JASMINE LANE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      (X) Delete  
Name: MURPHY, SHAINA  
Address: 960 NW 203 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D      ( ) Delete  
Name: HUDSON, YVETTE  
Address: 5286 NW 5TH COURT  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D      ( ) Delete  
Name: BELL, AISHA  
Address: 5349 CEDAR LAKE RD #12-32  
City-St-Zip: BOYNTON BEACH, FL 33437

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA EDWARDS

PRES

07/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date