

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012289

FILED
Mar 17, 2007
Secretary of State

Entity Name: MELVIN D. SMITH MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

14155 NORTH MIAMI AVENUE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

14155 NORTH MIAMI AVENUE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 51-0561119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM, NORBERT C
5400 NW 64TH TERRACE
LAUDERHILL, FL 33319 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: P () Delete
Name: SMITH, BERNICE R
Address: 14155 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33168

Title: V () Delete
Name: DUDLEY, BUENA
Address: 17073 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: BOSTIC, ALICE
Address: 17211 NW 22ND AVENUE
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: DANIELS, PATRICIA
Address: 17240 NW 17TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: C () Delete
Name: BOSTIC, ALEXANDER JR.
Address: 17211 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: BROWN, ALMA G
Address: 301 NW 51ST ST.
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WELLS, RONALD C
Address: 3400 NW 203 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T (X) Change () Addition
Name: DANIELS, PATRICIA
Address: 17240 NW 17TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S (X) Change () Addition
Name: BROWN, ALMA
Address: 301 NW 51 ST
City-St-Zip: MIAMI, FL 33127

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

Title: S (X) Change () Addition
Name: NOWELL, CHERYL
Address: 6346 NW 170TH TERRACE
City-St-Zip: HIALEAH, FL 33015

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: ANGELIA A. MCCASKILL

S

03/17/2007

Electronic Signature of Signing Officer or Director

Date