2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# N05000012289

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:

14155 NORTH MIAMI AVENUE
MIAMI, FL 33168 48

Current Mailing Address:

14155 NORTH MIAMI AVENUE
MIAMI, FL 33168

New Mailing Address:

PO BOX680129
MIAMI, FL 33168

FEI Number: 51-0561119 **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:

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: WELLS, RONALD C
Address: 3400 NW 203 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

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

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

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

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

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:

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: ANGELI A. MCCASKILL D 07/22/2008

Electronic Signature of Signing Officer or Director — Date