

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004093

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: VIRGINIA SMITH SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

3950 NW 177TH STREET  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

1766 NW 95TH STREET  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 20-4686533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORTIMER, LA FARIES Y  
3230 NW 151 TERRACE  
OPA LOCKA, FL 33054 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: CEO ( ) Delete  
Name: KEMP, PATTY L  
Address: 3950 NW 177TH STREET  
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete  
Name: MCFADDEN, FAYE  
Address: 510 N.W. 17TH STREET APT 4A  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: GRIFFIN, KANISHA S  
Address: 6101 SANDY BANKS TERRACE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: MORTIMER, LA FARIES  
Address: 3230 NW 151 TERRACE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: KEMP, JOHNNY L  
Address: 3950 NW 177TH STREET  
City-St-Zip: MIAMI, FL 33055

**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 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: LAFARIES MORTIMER

D

01/17/2007

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

\_\_\_\_\_  
Date