

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003992

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKEISHA DANIELS HAMILTON SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

910 NW 35TH AVENUE
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16893
FORT LAUDERDALE, FL 33318 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, MARY M
3810 NW 28TH STREET
LAUDERDALE LAKES, FL 33311 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: AUGUSTIN, TAMEKA
Address: 4352 HAWTHORN AVENUE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP () Delete
Name: LEWIS, MARY M
Address: 3810 NW 28TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: S () Delete
Name: TISDALE, SHIRLEY
Address: 5400 NW 22ND COURT
City-St-Zip: LAUDERHILL, FL 33313 US

Title: T () Delete
Name: GRAHAM, NINTHA
Address: 413 SW 8TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

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 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: MARY MCPHERSON LEWIS

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date