

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006986

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** THE MAXINE M. SCONIERS MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

3961 NW 187 STREET  
MIAMI GARDENS, FL 33055 US

**New Principal Place of Business:**

**Current Mailing Address:**

3961 NW 187 STREET  
MIAMI GARDENS, FL 33055 US

**New Mailing Address:**

FEI Number: 26-3041483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCONIERS, JACQUELLE E  
3961 NW 187 STREET  
MIAMI GARDENS,, FL 33055 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: D  
Name: SCONIERS, JACQUELLE E  
Address: 3961 NW 187 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: D  
Name: OLLIS-BELLAMY, THONDA L  
Address: 17160 NW 41 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: D  
Name: BELLAMY, KHRISTLYN B  
Address: 17160 NW 41 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33055 US

I hereby 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 all other like empowered.

SIGNATURE: JACQUELLE E. SCONIERS

MS.

03/16/2011

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

\_\_\_\_\_  
Date