

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001020

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** THE ANITA PRIEST WHISPERING ANGELS MEMORIAL SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

20301 W. COUNRTY CLUB DRIVE  
SUITE 2124  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

2031 W. COUNRTY CLUB DRIVE  
SUITE 2124  
AVENTURA, FL 33180 US

**New Mailing Address:**

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

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

BRYN & ASSOCIATES, P.A.  
2 SOUTH BISCAYNE BLVD  
SUITE 2680  
MIAMI, FL 33131 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: HATFIELD, CECILE  
Address: 1556 QUASIDE TERRACE  
City-St-Zip: MIAMI, FL 33138 US

Title: D  
Name: HOLIDAY, SANRA  
Address: 20301 W. COUNRTY CLUB DRIVE, SUITE 2124  
City-St-Zip: AVENTURA, FL 33180 US

Title: D  
Name: BRYN, MARK J  
Address: 2 SOUTH BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33131

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: SANDRA HOLIDAY

D

04/29/2011

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

\_\_\_\_\_  
Date