


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N38080 1. Entity Name THE LEVI GRAHAM HENRY III SCHOLARSHIP FOUNDATION INC.	
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Principal Place of Business 545 NW 7TH TERRACE FORT LAUDERDALE, FL 33311	Mailing Address P.O. BOX 5304 FORT LAUDERDALE, FL 33310 US
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03152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-0197979	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DURDEN, GREGORY ATTY 633 SE 3RD AVE, STE. 204 FORT LAUDERDALE, FL 33301
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gregory Durden* DATE 3/21/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	OD	
NAME	HENRY, LEVI JR	
STREET ADDRESS	545 NW 7TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	PUBT	
NAME	HENRY, BOBBY R	
STREET ADDRESS	545 NW 7TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	TT	
NAME	HENRY, SONIA-ROBINSON	
STREET ADDRESS	545 NW 7TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000548928
05/13/06-80041-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sonia Robinson* Date 4-27-06 Daytime Phone # 954-525-1489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR