

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90247 017 \*\*\*\*61.25

**DOCUMENT # N38080**

1. Entity Name  
**THE LEVI GRAHAM HENRY III SCHOLARSHIP  
FOUNDATION INC.**



Principal Place of Business  
**545 NW 7TH TERRACE  
FORT LAUDERDALE, FL 33311**

Mailing Address  
**P.O. BOX 5304  
FORT LAUDERDALE, FL 33310 US**

**40066019**



02142007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**69-0197979**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DURDEN, GREGORY ATTY  
633 SE 3RD AVE, STE 204 4F  
FORT LAUDERDALE, FL 33301**

**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, ESQ**  
Signature, typed or printed name of registered agent and title if applicable

*[Signature]*  
(NOTE: Registered Agent signature required when re-registering)

**3/6/07**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OD  
HENRY, LEVI JR  
545 NW 7TH TERRACE  
FORT LAUDERDALE, FL 33311**

*Deletoff*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PUBT  
HENRY, BOBBY R  
545 NW 7TH TERRACE  
FORT LAUDERDALE, FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TT  
HENRY, SONIA-ROBINSON  
545 NW 7TH TERRACE  
FORT LAUDERDALE, FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/07**  
Date

**(954) 525-1489**  
Daytime Phone #