

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90121 019 \*\*\*\*61.25

**DOCUMENT # N47040**

1. Entity Name  
**FRIENDS OF 440 SCHOLARSHIP FUND, INC.**



Principal Place of Business  
**155 SOUTH MIAMI AVENUE  
PH 1D  
MIAMI, FL 33130 US**

Mailing Address  
**155 SOUTH MIAMI AVENUE  
PH 1D  
MIAMI, FL 33130 US**



2. Principal Place of Business - No P.O. Box #  
**9350 South Dixie Highway**

3. Mailing Address  
**9350 South Dixie Highway**

Suite, Apt. #, etc.  
**9350 Financial Center 10<sup>th</sup> Floor**

Suite, Apt. #, etc.  
**9350 Financial Center 10<sup>th</sup> Floor**

07252008 Chg-NP CR2E037 (12/06)

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**63-0319696**

Applied For  
☐ Not Applicable

Zip  
**33156**

Country  
**USA**

Zip  
**33156**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**SADOW, RICHARD A.  
155 SOUTH MIAMI AVENUE  
PH 1D  
MIAMI, FL 33130**

## 7. Name and Address of New Registered Agent

Name  
**Sadow Richard A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9350 South Dixie Highway  
9350 Financial Center 10<sup>th</sup> Floor**  
City  
**MIAMI** FL Zip Code  
**33156**

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:

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-7-2008**

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SADOW, RICHARD A. ESQ  
155 SOUTH MIAMI AVENUE SUITE PH 1D  
MIAMI, FL 33130** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SCHNEPPER, R CORY  
9100 SOUTH DADELAND BLVD # 1010  
MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
JUDGE ALAN M KUKER  
155 SOUTH MIAMI AVENUE SUITE PH 1D  
MIAMI, FL 33130** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WILLIAMS, DARCY  
155 SOUTH MIAMI AVENUE SUITE PH 1D  
MIAMI, FL 33130** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
FERRER, LOURDES E ESQ  
3440 HOLLYWOOD BOULEVARD 2ND FLR  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Richard A. Sadow  
9350 South Dixie Highway  
9350 Financial Center 10<sup>th</sup> Floor  
MIAMI, FL 33156** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
Judge Alan Kuker  
401 N.W 2<sup>nd</sup> Avenue - Suite N918  
MIAMI FLORIDA 33128** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
Darcy Williams  
9350 South Dixie Highway  
9350 Financial Center 10<sup>th</sup> Floor  
MIAMI, FL 33156** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**8-7-2008**

**305/670-2333**

Date

Daytime Phone #