

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90184 027 ****61.25

DOCUMENT # N93000004214

1. Entity Name

THE K.D. EDWARDS MEMORIAL SCHOLARSHIP FUND, INC.



Principal Place of Business

17000 N.W. 67TH AVE
SUITE 25
HIALEAH FL 33015
US

Mailing Address

17000 NW 67TH AVE #125
HIALEAH FL 33015

2. Principal Place of Business

17000 N.W. 67th Ave.

Suite, Apt. #, etc.

Suite #329.

City & State

Hialeah, FL 33015

Zip

33015

Country

U.S.

3. Mailing Address

17000 NW 67th Ave

Suite, Apt. #, etc.

Suite 329

City & State

Hialeah, FL 33015

Zip

33015

Country

U.S.



MOORE

CR2E037 (11/03)

4. FEI Number

65-0461990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, PATRICIA E
17000 NW 67TH AVE #125 #329
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD ☐ Delete
NAME EDWARDS, PATRICIA E
STREET ADDRESS 17000 NW 67TH AVE #125
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ Delete
NAME HEWETT, AUDLEY
STREET ADDRESS 9300 DADELAND BLVD., STE 210
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME SIMMONDS, FRANCENE
STREET ADDRESS 19201 NW 52 COURT
CITY-ST-ZIP MIAMI FL 33055

TITLE VT ☐ Delete
NAME PRYOR, MARY ELLEN
STREET ADDRESS 17000 NW 67 AVENUE #125 2977 SETRIAN BLVD
CITY-ST-ZIP MIAMI FL 33015 PALM BAY, FL 32909

TITLE S ☐ Delete
NAME CHARLES, SONIA E
STREET ADDRESS 19422 NW 54TH PL
CITY-ST-ZIP MIAMI FL 33055

TITLE D ☒ Delete
NAME MORRISON, LINCOLN
STREET ADDRESS 11550 SOUTH QAUYSIDE
CITY-ST-ZIP COOPER CITY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patricia E Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/04 305-715-6004