

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004214

FILED
Feb 17, 2008
Secretary of State

Entity Name: THE K.D. EDWARDS MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

17000 N.W. 67TH AVE
SUITE 329
HIALEAH, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

17000 N.W. 67TH AVE
SUITE 329
HIALEAH, FL 33015 US

New Mailing Address:

FEI Number: 65-0461990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, PATRICIA E
17000 NW 67TH AVE
#329
HIALEAH, FL 33015 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: PD () Delete
Name: EDWARDS, PATRICIA E
Address: 17000 NW 67TH AVE #329
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: HEWETT, AUDLEY
Address: 9300 DADELAND BLVD., STE 210
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SIMMONDS, FRANCENE
Address: 4371 PRESERVE TRAIL
City-St-Zip: SNELLVILLE, GA 30039

Title: VT () Delete
Name: PRYOR, MARY ELLEN
Address: 2977 SETRIANGLE RD
City-St-Zip: PALM BAY, FL 32909

Title: S () Delete
Name: CHARLES, SONIA E
Address: 19422 NW 54TH PL
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMMONDS, FRANCENE
Address: 3611 EAST BAY STREET
City-St-Zip: DULUTH, GA 30096

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CHARLES, SONIA E
Address: 7242 BRANCHTREE DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANCENE SIMMONDS

D

02/17/2008

Electronic Signature of Signing Officer or Director

Date