

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004214

FILED  
Feb 26, 2009  
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: 3611 EAST BAY STREET  
City-St-Zip: DULUTH, GA 30096

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: 7242 BRANCHTREE DR  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: PATRICIA E. EDWARDS

MRS

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date