

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001388 (7)

1. Corporation Name

**KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOU
NDATION INC.**

Principal Place of Business

Mailing Address

**14422 SW 147TH CT.
MIAMI FL 33196**

**14422 SW 147TH CT.
MIAMI FL 33196**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/21/1994

4. FEI Number

65-0524608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 14422 SW 147 CT

26 14422 SW 147CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33196

25 U.S.A.

29 33196

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RHODEN, JOSEPH
5750 N.W. 32ND COURT
MIAMI FL 33142**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
RHODEN, JOSEPH A
14422 SW 147TH CT.
MIAMI FL 33196**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**Director
Dr. Gene Burkett
14420 SW 83 Avenue
Miami, FL 33158**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DV
RHODEN, MICHELLE H
14422 SW 147TH CT.
MIAMI FL 33196**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**Director
Mr. Levy Wong
11942 SW 98 Court
Miami, FL 33176**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DT
HAMILTON, JERRY
901 NE 209TH TERRACE, #101
MIAMI FL 33179**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**Director
Mr. Carlton Clarke Jr.,
9327 Moss Trail
Dallas, TX 75231**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DS
LEE, PATSY
15450 SW 158TH ST.
MIAMI FL 33187**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**Director
Mrs. Paulette Rhoden
14422 SW 147th Court
Miami, FL 33196**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
JONES, DARYL L SENATOR
158 SW 98TH CT.
MIAMI FL 33157**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

**Director
Dr. Olive Chung-James
6708 Poinciana Court
Miami, FL 33143**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'SHAUGHNESSY, FR. S PASTOR
3840 NW 8TH ST.
FT. LAUDERDALE FL 33111**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**Director
Mr. Arthur Bell
2790 NW 104 Court, Ste 102
Miami, FL 33172**

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. RHODEN

March 27, 1995 305-251-2765

****SEE ATTACHED CONTINUED SHEET**

0040372

N94-01386

contd/

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DIRECTOR

MRS. MADGE BARRETT

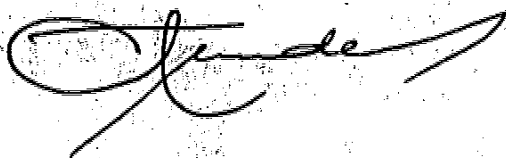
(ADDITION)

25 S.E. 2nd Avenue

Room 842

Ingram Building

Miami, FL 33131

A handwritten signature in cursive script, appearing to read "J. J. Jones" or similar, with a long horizontal stroke extending to the right.