FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 FOUNDATION 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: 03/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0524608 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 14422 SW 147 CT	26 14422 SW 147CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: 33196 25 Country: U.S.A.	29 Zip: 33196 30 Country: U.S.A.

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

9. Name and Address of Current Registered Agent
RHODEN, JOSEPH
5750 N.W. 32ND COURT
MIAMI FL 33142

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Director ☐ Change XX Addition
NAME	RHODEN, JOSEPH A	1.2 NAME	Dr. Gene Burkett
STREET ADDRESS	14422 SW 147TH CT.	1.3 STREET ADDRESS	14420 SW 83 Avenue
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	Miami, FL 33158
TITLE	DV	2.1 TITLE	Director ☐ Change XX Addition
NAME	RHODEN, MICHELLE H	2.2 NAME	Mr. Levy Wong
STREET ADDRESS	14422 SW 147TH CT.	2.3 STREET ADDRESS	11942 SW 98 Court
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	DT	3.1 TITLE	Director ☐ Change XX Addition
NAME	HAMILTON, JERRY	3.2 NAME	Mr. Carlton Clarke Jr.,
STREET ADDRESS	801 NE 209TH TERRACE, #101	3.3 STREET ADDRESS	9327 Moss Trail
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	Dallas, Tx 75231
TITLE	DS	4.1 TITLE	Director ☐ Change XX Addition
NAME	LEE, PATSY	4.2 NAME	Mrs. Paulette Rhoden
STREET ADDRESS	15450 SW 158TH ST.	4.3 STREET ADDRESS	14422 SW 147th Court
CITY-ST-ZIP	MIAMI FL 33187	4.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	D	5.1 TITLE	Director ☐ Change XX Addition
NAME	JONES, DARYL L SENATOR	5.2 NAME	Dr. Olive Chung-James
STREET ADDRESS	158 SW 98TH CT.	5.3 STREET ADDRESS	6708 Poinciana Court
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D	6.1 TITLE	Director ☐ Change XX Addition
NAME	O'SHAUGHNESSSY, FR. S PASTOR	6.2 NAME	Mr. Arthur Bell
STREET ADDRESS	3640 NW 8TH ST.	6.3 STREET ADDRESS	2790 NW 104 Court, Ste 102
CITY-ST-ZIP	FT. LAUDERDALE FL 33111	6.4 CITY-ST-ZIP	Miami, FL 33172

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ March 27, 1995 305-251-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH A. RHODEN

**SEE ATTACHED CONTINUED SHEET

0046378

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