FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPORT

DOCUMENT # N9400001388 (7)

KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOUNDATION INC.

Principal Place of Business Mailing Address 14422 SW 147TH CT. 14422 SW 147TH CT. MIAMI FL 33196 MIAMI FL 33196 US 3. Date incorporated or Qualified 03/21/1994 3a. Date of Last Report 05/01/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4 FEt Number 65-0524608 14422 SW 147 Court 21 14422 SW 147 Court Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State Miami, City & State 6. Election Campaign Financing \$5.00 May Be Florida Florida Miami, 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, U.S.A. 33196 U.S.A. 30 Florida Statutes ☐ Yes ☐ No 33196 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name RHODEN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **B2** 5750 NW 32ND COURT 63 **MIAMI FL 33142** City Zip Code 84 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE RHODEN, JOSEPH A DR. GENE BURKETT 12 NAME NAME 14422 SW 147TH CT. STREET ADDRESS 1.3 STREET ADDRESS 14420 SW 83 Ave MIAMI FL 33196 CITY-ST-ZIP 1.4 CITY-ST-ZIP <u>Miami. FL 33158</u> Addition DELETE ☐ Change VD. 2.1 TITLE TITLE D RHODEN, MICHELLE H 2.2 NAME NAME Mr. Levy Wong 14422 SW 147TH CT. 2.3 STREET ADDRESS STREET ADDRESS 11942, SWL 983C9urt MIAMI FL 33196 2.4 CITY-ST-7IP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE HAMILTON, JERRY 3.2 NAME Mr. Carlton Clarke, Jr NAME 901 NE 209TH TERRACE, #101 9327 Moss Trail 3.3 STREET ADDRESS STREET ADDRESS <u>Dallas, TX 75231</u> MIAMI FL 33179 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change Change DS 4.1 TITLE TITLE LEE, PATSY Mrs. Paulette Rhoden 4 2 NAME NAME 15450 SW 158TH ST. STREET ADDRESS 4.3 STREET ADDRESS 14422 SW 147 Court MIAMI FL 33187 4.4 CITY - ST - ZIP Miami, FL 33196 CITY-ST-ZIP DELETE 51 TITLE TITLE D JONES, DARYL L SENATOR 5.2 NAME NAME Mr. Arthur Bell 158 SW 98TH CT. STREET ADDRESS 5.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE TITLE O'SHAUGHNESSSY, FR. SEAMUS PASTOR Dr. Olive Chung-James 6.2 NAME NAME 3640 NW 8TH ST. 6708 Poinciana Court 6.3 STREET ADDRESS STREET ADDRESS

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FT. LAUDERDALE FL 33111

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Miami, FL 33143

65)634-4318

CR2E037 (12/95)