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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001388 (7)

1. Corporation Name

KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOUN
DATION INC.

Principal Place of Business

Mailing Address

14422 SW 147TH CT.
MIAMI FL 33196
US

14422 SW 147TH CT.
MIAMI FL 33196-2384
US

2. Principal Place of Business

21 14422 SW 147 Court

Suite, Apt. #, etc.

22 City & State
Miami, Florida

23 Zip Country
33196 U.S.A.

2a. Mailing Address

26 14422 SW 147 Court

Suite, Apt. #, etc.

27 City & State
Miami, Florida

28 Zip Country
33196 U.S.A.

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

04/30/1996

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

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 NW 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 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.

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

TITLE PD ☐ DELETE

NAME RHODEN, JOSEPH A
STREET ADDRESS 14422 SW 147TH CT.
CITY-ST-ZIP MIAMI FL 33196

TITLE VD ☐ DELETE

NAME RHODEN, MICHELLE H
STREET ADDRESS 14422 SW 147TH CT.
CITY-ST-ZIP MIAMI FL 33196

TITLE DT ☐ DELETE

NAME HAMILTON, JERRY
STREET ADDRESS 901 NE 209TH TERRACE, #101
CITY-ST-ZIP MIAMI FL 33179

TITLE DS ☒ DELETE

NAME LEE, PATSY
STREET ADDRESS 15450 SW 138TH ST.
CITY-ST-ZIP MIAMI FL 33187

TITLE D ☐ DELETE

NAME JONES, DARYL L SENATOR
STREET ADDRESS 158 SW 98TH CT.
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME O'SHAUGHNESSY, FR. SEAMUS PASTOR
STREET ADDRESS 3840 NW 8TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS LEVY WONG
1.4 CITY-ST-ZIP 11942 SW 98 Court
Miami, FL 33176

~~DELETE~~

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

Joseph A. Rhoden

May 6, 1997

CR2E037 (9/96)