

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	14422 SW 147TH CT. MIAMI FL 33196 US

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

3. Date Incorporated or Qualified	
03/21/1994	
4. FEI Number	Applied For
65-0524608	☐ 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. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RHODEN, JOSEPH 5750 NW 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D O'SHAUGHNESSY, SEAMUS
NAME	RHODEN, JOSEPH A	1.2 NAME	8016 LAKE POINTE DR
STREET ADDRESS	14422 SW 147TH CT.	1.3 STREET ADDRESS	PLANTATION, FL 33322
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	D LARUE, MICHELLE, DR
NAME	RHODEN, MICHELLE H	2.2 NAME	5108 AVENUE H
STREET ADDRESS	14422 SW 147TH CT.	2.3 STREET ADDRESS	AUSTIN, TX 78705
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	HAMILTON, JERRY	3.2 NAME	
STREET ADDRESS	901 NE 209TH TERRACE, #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JONES, DARYL L SENATOR	4.2 NAME	
STREET ADDRESS	158 SW 98TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	O'SHAUGHNESSY, FR. SEAMUS PASTOR	5.2 NAME	
STREET ADDRESS	3640 NW 8TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33111	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MAYOR BARRETT	6.2 NAME	
STREET ADDRESS	286 G. AND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

[Signature]

4-28-98

305-251-7765

CF2E037 (10/97)