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**Mar 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001388**

1. Corporation Name

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

Principal Place of Business

14422 SW 147TH CT.  
MIAMI FL 33196  
US

Mailing Address

14422 SW 147TH CT.  
MIAMI FL 33196  
US



2. Principal Place of Business

21 **14422 S.W. 147 CT**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL**

Zip

24 **33196**

Country

25 **U.S.A**

2a. Mailing Address

26 **14422 SW 147 CT**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI FL**

Zip

29 **33196**

Country

30 **U.S.A**

3. Date Incorporated or Qualified

**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

9. Name and Address of Current Registered Agent

**RHODEN, JOSEPH  
5760 NW 32ND COURT  
MIAMI FL 33142**

\* →  
**ADDRESS CHANGE**

10. Name and Address of New Registered Agent

81 Name

**RHODEN, JOSEPH**

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

**11206 N.W. 36TH AVENUE**

83

84 City

**MIAMI**

FL

85 Zip Code

**33167**

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 **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, SEAMUS**

STREET ADDRESS **8016 LAKE POINTE DR**

CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☐ DELETE

NAME **LAROS, MICHELE**

STREET ADDRESS **5108 AVENUE H**

CITY-ST-ZIP **AUSTIN TX 78705**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

**JONES, DARYL L. SENATOR  
15820 SW 98TH COURT  
MIAMI FL 33157**

**LAROS MICHELE DR  
9327 MOSS TRAIL  
DALLAS, TX 75231**

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, with all other like empowered.

SIGNATURE: **SEAMUS O'SHAUGHNESSY (MICHELE RHODEN)** 2/12/99 305-251-7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)