

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000001388 1. Entity Name KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOUNDATION INC.	
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Principal Place of Business 14422 SW 147 CT. MIAMI, FL 33196 US	Mailing Address 14422 SW 147 CT. MIAMI, FL 33196 US
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0524608	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RHODEN, JOSEPH
11206 NW 38 AVE
MIAMI, FL 33167**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

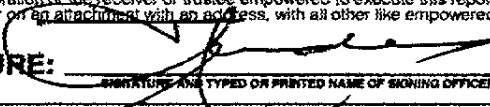
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODEN, JOSEPH A 14422 SW 147TH CT. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHODEN, MICHELLE H 14422 SW 147TH CT. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, JERRY 901 NE 209TH TERRACE, #101 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DARYL L SENATOR 15820 SW 98 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROE, MICHELLE DR. 9327 MOSS TR DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joseph A. Rhoden** **04/07/04 305-251-7765**