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.

Principal Place of Business	Mailing Address
14422 SW 147 CT. MIAMI, FL 33196 US	14422 SW 147 CT. MIAMI, FL 33196 US

04012004 No Chg-NP CR2E037 (10/03)

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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 36 AVE
MIAMI, FL 33167

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RHODEN, JOSEPH A
STREET ADDRESS	14422 SW 147TH CT.
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VD
NAME	RHODEN, MICHELLE H
STREET ADDRESS	14422 SW 147TH CT.
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	DT
NAME	HAMILTON, JERRY
STREET ADDRESS	901 NE 209TH TERRACE, #101
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	JONES, DARYL L SENATOR
STREET ADDRESS	15820 SW 98 CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	LAROE, MICHELLE DR.
STREET ADDRESS	9327 MOSS TR
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/04-80024-018 61.25

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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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #