

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002057

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE LOUIE BING ATHLETIC SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

10500 SW 164TH STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

PO BOX 570324
MIAMI, FL 33257

New Mailing Address:

FEI Number: 65-0745873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES, CLIFFORD PRES.
17740 NW 14TH AVENUE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEATHERINGTON, ARNIE
Address: 170 NW. 14 AVE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: BATIST, JOHNNIE
Address: 5360 NW. 181 TERR
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: WILLIAMS, LARRY
Address: 2350 RUTLAND ST
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: JORDAN, CLYDE
Address: 10820 SW. 200 DR #406
City-St-Zip: S. MIAMI, FL

Title: D () Delete
Name: DAVIS, DEBRA
Address: 10810 NW. 18 AVE
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: BING, LOUIE
Address: 10500 SW 164TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD JAMES

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date