

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002057

FILED  
Feb 18, 2010  
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 GARDENS, 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  
Name: WEATHERINGTON, ARNIE  
Address: 170 NW. 86TH ST.  
City-St-Zip: MIAMI, FL 33150

Title: D  
Name: BATIST, JOHNNIE  
Address: 4423 NW 11TH COURT  
City-St-Zip: MIAMI, FL 33127

Title: D  
Name: WILLIAMS, LARRY  
Address: 18901 NW 17TH COURT  
City-St-Zip: MIAMI GARDES, FL 33056

Title: D  
Name: JORDAN, CLYDE  
Address: 10329 SW 174TH TERR  
City-St-Zip: MIAMI, FL 33157

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD JAMES

PRES

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date