

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90255 005 \*\*\*\*61.25

**DOCUMENT # N97000007029**

1. Entity Name  
**S.C. MATHIS FOUNDATION GROUP INC.**



Principal Place of Business

**3520 NW 84 TERR.  
MIAMI FL 33174**

Mailing Address

**3520 NW 84 TERR.  
HOUSE  
MIAMI FL 33174**

2. Principal Place of Business

**3520 NW 84 TERR**

Suite, Apt. #, etc.

**House**

City & State

**Miami Fla**

Zip

**33147**

Country

**US**

3. Mailing Address

Suite, Apt. #, etc.

**House**

City & State

Zip

**33147**

Country

**US**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0781437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, MATHIS  
3520 NW 84 TERR  
HOUSE  
MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **Mattie Marshall**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	FD	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, MATTIE R</b>	
STREET ADDRESS	<b>3520 NW 84 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CARTER, KATHY V</b>	
STREET ADDRESS	<b>3520 NW 84 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>JACKSON, KEDAR</b>	
STREET ADDRESS	<b>3520 NW 84 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	PCFO	<input type="checkbox"/> Delete
NAME	<b>WARNER-BENSON, DOROTHY</b>	
STREET ADDRESS	<b>3520 NW 84 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, DARRYL</b>	
STREET ADDRESS	<b>3520 NW 84 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MORROW, SYLVIA S</b>	
STREET ADDRESS	<b>3520 NW 84 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Mattie Marshall**

**4/29/03**

CR2E037 (10/02)