

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90018 026 ****61.25

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1. Entity Name
RALPH DUEY SCHOLARSHIP FUND, INC.



Principal Place of Business
7311 N.W. 1ST COURT
PEMBROKE PINES, FL 33024

Mailing Address
734 N.W. NORTH RIVER DR
MIAMI, FL 33136

40099475



01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
52-2170903

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, TERRY
976 NW NORTH RIVER DRIVE
MIAMI, FL 33136

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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: Terry Conner Terry Conner 4-10-08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNER, TERRY 976 NW NORTH RIVER DRIVE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, WILLIAM 7311 N.W. 1ST COURT PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNIE FRAN, FRANK 7311 N.W. 1ST COURT PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. RUSSELL SATTERTHWAITE 1201 SW 18th. FL. LAUDERDALE, FL. 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MACK WIGGINS 1125 SW 97th AV. MIAMI, FL. 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SETH EDGE 15128 NW 9th ST PEMBROKE PINES, FL. 33028

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Russell Satterthwaite 4.10.08 9546486688
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)