

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003409

Entity Name: SCHOLARSHIP FOR SOUTH FLORIDA, INC.**Current Principal Place of Business:**8515 NW 59TH STREET
TAMARAC, FL 33321**Current Mailing Address:**8515 NW 59TH STREET
TAMARAC, FL 33321 US**FEI Number: 30-0306417****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, BRENDA NEAL
8515 NW 59TH STREET
TAMARAC, FL 33321 US*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:** BRENDA NEAL EDWARDS

02/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FOUNDER AND CHIEF OPERATING
OFFICER
Name EDWARDS, BRENDA N
Address 8515 NW 59TH STREET
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name ROSS, YOLANDA
Address 1211 NW 89TH TERRACE
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name MARSHALL, ROCHELLE
Address 7742 NW 1ST COURT
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name HUDSON, YVETTE
Address 5286 NW 5TH COURT
City-State-Zip: DELRAY BEACH FL 33445

Title CHAIRMAN
Name WILLIAMS, ANTHONY
Address 144 NW 180 TERR
City-State-Zip: MIAMI GARDENS FL 33321

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: BRENDA N EDWARDS

FOUNDER

02/02/2020

Electronic Signature of Signing Officer/Director Detail

Date