

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002018

**Entity Name:** MADGE LEWIS SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**4700 NW 4TH COURT  
PLANTATION, FL 33317**Current Mailing Address:**4700 NW 4TH COURT  
PLANTATION, FL 33317**FEI Number:** 26-1887146**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STEWART, CARLENE  
4700 NW 4TH COURT  
PLANTATION, FL 33317 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	MCTAGGART, MARGARET G
Address	4700 NW 4TH COURT
City-State-Zip:	PLANTATION FL 33317

Title	T
Name	FRAY, KARLENE DR.
Address	4700 NW 4TH COURT
City-State-Zip:	PLANTATION FL 33317

Title	S
Name	STERLING, LORAIN
Address	4700 NW 4TH COURT
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	STEWART, CARLENE
Address	4700 NW 4TH COURT
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	LEWIS, ROY C
Address	4700 NW 4TH COURT
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	FACEY, OWEN DR
Address	4700 NW 4TH COURT
City-State-Zip:	PLANTATION FL 33317

*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:** KARLENE FRAY**TREASURER****04/18/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date