

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002018

**Entity Name:** MADGE LEWIS SCHOLARSHIP FOUNDATION (MLSF), 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:** No**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 S  
Name STERLING, LORAIN  
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 SIMPSON, SHAYNE  
Address 3640 NW 116TH TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

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

Title D  
Name BADDAL, KIMONE  
Address 131-55 227 STREET  
City-State-Zip: LAURELTON NY 11413-1738

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*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: LORAIN STERLING****SECRETARY****02/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	D	Title	D
Name	BONNICK, SABRINA	Name	MURPHY, JAMAHL
Address	1101 NW 58 TERRACE APT 103	Address	93 PRATT STREET
City-State-Zip:	SUNRISE FL 33313	City-State-Zip:	EAST HARTFORD CT 06118