

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N15000002115

**Feb 13, 2024**

**Entity Name:** LUIS ALICEA SCHOLARSHIP FUND INC.

**Secretary of State  
6743836935CC**

**Current Principal Place of Business:**

5531 N. UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

5531 N. UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 47-3408572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEISS LAW GROUP, P.A.  
5531 N. UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067 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:** JASON S WEISS

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	ALICEA, LUIS R
Address	6400 BRIDGEPORT LANE
City-State-Zip:	LAKE WORTH FL 33463
Title	VP
Name	MARTINS, LELIANA
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067
Title	VP
Name	PORCELLI II, EDWARD
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067
Title	VP
Name	GAILEY, RANDY
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067

Title	VP
Name	SERRANO, MANUEL
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067
Title	VP
Name	WEISS, JASON S
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067
Title	VP
Name	GOODNIGHT, SUZZANE
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067
Title	VP
Name	WOOLEY, CHRISTOPHER DEREK
Address	5531 N. UNIVERSITY DRIVE SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33067

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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:** LUIS R ALICEA

**PRESIDENT**

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name DONOVAN, MATTHEW  
Address 5531 N. UNIVERSITY DRIVE  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33067