

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001388

**Entity Name:** KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP  
FOUNDATION INC.

**FILED**  
**Apr 12, 2015**  
**Secretary of State**  
**CC6438727718**

**Current Principal Place of Business:**

14422 SW 147TH. COURT  
MIAMI, FL 33196

**Current Mailing Address:**

14422 SW 147TH. COURT  
MIAMI, FL 33196 US

**FEI Number: 65-0524608**

**Certificate of Status Desired: No**

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

RHODEN, JOSEPH  
11206 NW 36 AVE  
MIAMI, FL 33167 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           | PD                     | Title           | VD                    |
| Name            | RHODEN, JOSEPH A       | Name            | RHODEN, MICHELLE H    |
| Address         | 14422 SW 147TH CT.     | Address         | 14422 SW 147TH CT.    |
| City-State-Zip: | MIAMI FL 33196         | City-State-Zip: | MIAMI FL 33196        |
| Title           | DT                     | Title           | D                     |
| Name            | HAMILTON, JERRY        | Name            | JONES, DARYL LSENATOR |
| Address         | 3342 LAUREL OAK STREET | Address         | 15820 SW 98 CT        |
| City-State-Zip: | HOLLYWOOD FL 33312     | City-State-Zip: | MIAMI FL 33157        |
| Title           | D                      |                 |                       |
| Name            | LAROE, MICHELLE DR.    |                 |                       |
| Address         | 922 HOMESTEAD RIDGE    |                 |                       |
| City-State-Zip: | NEW BRAUNFELS TX 78132 |                 |                       |

*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: JOSEPH RHODEN**

**PRESIDENT**

**04/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date