

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

DOCUMENT# N96000001769

**Entity Name:** MY BROTHER'S/SISTER'S KEEPER SCHOLARSHIP FOUNDATION, INC.

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**2076542633CC**

**Current Principal Place of Business:**

675 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

675 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411

**FEI Number: 65-0672664**

**Certificate of Status Desired: No**

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

SANTAMARIA, CHRISTOPHER ESQ.  
675 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 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 PT  
Name SANTAMARIA, JESS R  
Address 255 PONDEROSA COURT  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title ST  
Name SANTAMARIA, VICTORIA J  
Address 255 PONDEROSA COURT  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title T  
Name TEMPLETON, STEVE  
Address 222 LAKEVIEW AVE STE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

*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: VICTORIA J SANTAMARIA**

**ST**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date