

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000646

1. Entity Name
CAITLIN GRACE ALBURY MEMORIAL FUND, INC.



Principal Place of Business
**550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442**

Mailing Address
**550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442**



01312006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, DAVID T ESQ.
550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000518867
05/02/06-80029-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, DAVID T 550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBURY, JANET MARSH HARBOUR GREAT ABACO THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBURY, MOLLIE MARSH HARBOUR GREAT ABACO THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBURY, DAREN MARSH HARBOUR GREAT ABACO THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRATTON, KEITH MARSH HARBOUR GREAT ABACO THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, GURTH MARSH HARBOUR GREAT ABACO THE BAHAMAS,

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

David T. Price **DAVID T. PRICE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 954-421-9399

Date

Daytime Phone #