

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90403 043 ****61.25

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
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2. Principal Place of Business - No P.O. Box # 6401 Lyons Road	3. Mailing Address 6401 Lyons Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coconut Creek, FL	City & State Coconut Creek, FL
Zip 33073	Country USA

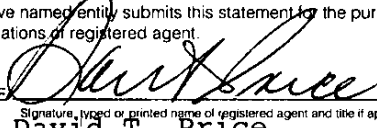
03092007 Chg-NP CR2E037 (12/06)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6401 Lyons Road City Coconut Creek FL Zip Code 33073	
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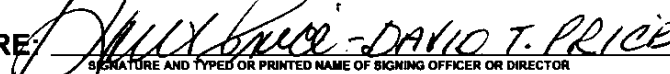
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **David T. Price** (NOTE: Registered Agent signature required when reinstating) DATE **4-27-07**

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID T 550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6401 Lyons Rd. Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, JANET MARSH HARBOUR GREAT ABACO THE BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, MOLLIE MARSH HARBOUR GREAT ABACO THE BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, DAREN MARSH HARBOUR GREAT ABACO THE BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATTON, KEITH MARSH HARBOUR GREAT ABACO THE BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, GURTH MARSH HARBOUR GREAT ABACO THE BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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** **4-27-07** **954-421-9399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #