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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6401 Lyons Road	6401 Lyons Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33073 Country: USA	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	7. Name and Address of New Registered Agent
PRICE, DAVID T ESQ. 550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442	Name Street Address (P.O. Box Number is Not Acceptable): 6401 Lyons Road City: Coconut Creek FL Zip Code: 33073

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 4-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

David T. Price

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

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 #