


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90018 002 ****70.00

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1. Entity Name
 TOM ATWELL MEMORIAL FUND, INC.



Principal Place of Business
 420 HOWARD AVE.
 LAKELAND, FL 33815

Mailing Address
 420 HOWARD AVE.
 LAKELAND, FL 33815

40005193



2. Principal Place of Business - No P.O. Box #
 7220 SCENIC PLACE
 Suite, Apt. #, etc.

3. Mailing Address
 7220 SCENIC PLACE
 Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State
 LAKELAND FL

City & State
 LAKELAND, FL

Zip Country
 33809 USA

Zip Country
 33809 U.S.A.

4. FEI Number
 26-1077660

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DARBY, BEN H JR.
 1202 FAIRCHILD RD.
 LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRITTON, KALE	
STREET ADDRESS	420 HOWARD AVE.	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATWELL, TERRY S	
STREET ADDRESS	7220 SCENIC PL	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARBY, BEN H JR.	
STREET ADDRESS	1202 FAIRCHILD RD.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDEN, JAMES D	
STREET ADDRESS	631 WILDER RD.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, HUELAN	
STREET ADDRESS	400 HOWARD AVE., APT. A	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DENNIS R	
STREET ADDRESS	7533 CLEMENTINE WAY	
CITY-ST-ZIP	ORLANDO, FL 32819	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD D NORTON	
STREET ADDRESS	802 FOREST LAKE DR	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELE SHEERWIN	
STREET ADDRESS	6809 EAST ROAD	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard D Norton - RICHARD D NORTON 01/15/2008 863-859-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #