

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N07000009222

Entity Name: TOM ATWELL MEMORIAL FUND, INC.

Current Principal Place of Business:

7220 SCENIC PLACE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

7220 SCENIC PLACE
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 26-1077660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: NORTON, RICHARD D
Address: 802 FOREST LAKE DR
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: SHERWIN, PETE
Address: 6809 EAST ROAD
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: DARBY, BEN H JR.
Address: 1202 FAIRCHILD RD.
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: GOLDEN, JAMES D
Address: 631 WILDER RD.
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: HILL, HUELAN
Address: 400 HOWARD AVE., APT. A
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: JONES, DENNIS R
Address: 7533 CLEMENTINE WAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD D NORTON

_____ Electronic Signature of Signing Officer or Director

DT

06/23/2009

_____ Date