

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009222

FILED  
Mar 01, 2010  
Secretary of State

**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 (X)**

**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  
Name: NORTON, RICHARD D  
Address: 802 FOREST LAKE DR  
City-St-Zip: LAKELAND, FL 33809

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

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

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

Title: DVP  
Name: SNOW, ROBERT R  
Address: 400 HOWARD AVE E  
City-St-Zip: LAKELAND, FL 33815

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD D NORTON

DT

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date