

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009222

**Entity Name:** TOM ATWELL MEMORIAL FUND, INC.

**Current Principal Place of Business:**

6546 BENDELOW DR  
LAKELAND, FL 33810

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC3372795468**

**Current Mailing Address:**

6546 BENDELOW DR  
LAKELAND, FL 33810 US

**FEI Number: 26-1077660**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DARBY, BEN HJR.  
1202 FAIRCHILD RD.  
LAKELAND, FL 33803 US

*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

**Officer/Director Detail :**

Title DT  
Name NORTON, RICHARD D  
Address 802 FOREST LAKE DR  
City-State-Zip: LAKELAND FL 33809

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

Title D  
Name DARBY, BEN HJR.  
Address 1202 FAIRCHILD RD.  
City-State-Zip: LAKELAND FL 33803

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

Title DVP  
Name SNOW, ROBERT R  
Address 6546 BENDELOW DR  
City-State-Zip: LAKELAND FL 33810

Title D  
Name JONES, DENNIS R  
Address 7533 CLEMENTINE WAY  
City-State-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: ROBERT R SNOW**

**VP**

**01/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date