

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 702325

1. Entity Name

JEFFERSON LEE FORD, III MEMORIAL FOUNDATION, INC.



Principal Place of Business

SUN BANK OF BAL HARBOUR, N. A.
9600 COLLINS AVE.
BAL HARBOUR FL 33154

Mailing Address

SUN BANK OF BAL HARBOUR, N. A.
9600 COLLINS AVE.
BAL HARBOUR FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

52-6037179

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

BRYN, KRISTINA B VP
SUNBANK TRUST DEPT.
9600 COLLINS AVENUE
BAL HARBOUR FL 33154

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 P ☐ Delete
NAME QUATRALE, YVONNE
STREET ADDRESS 237 GROVE AVE.
CITY-ST-ZIP PATCHOGUE N.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KING, SANFORD
STREET ADDRESS 18441 NW 2ND AVENUE #219
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME QUATRALE, FRANK
STREET ADDRESS 237 GROVE AVENUE
CITY-ST-ZIP PATCHOGUE NY 11772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HERBERT, KURRAS
STREET ADDRESS 8762 SE RIVERFRONT TERRACE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHNEIDER, ROBERT
STREET ADDRESS 9600 COLLINS AVE
CITY-ST-ZIP BAL HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CATSMAN, ELINOR R
STREET ADDRESS 3 GROVE ISLE DRIVE C504
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kristina B. Smith

03/28/05 305-868-2668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #