

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90013 043 \*\*\*\*61.25

**50000358**



<b>DOCUMENT # 702325</b> 1. Entity Name <b>JEFFERSON LEE FORD, III MEMORIAL FOUNDATION, INC.</b>					
Principal Place of Business <b>SUN BANK OF BAL HARBOUR, N. A.          9600 COLLINS AVE.          BAL HARBOUR, FL 33154</b>			Mailing Address <b>SUN BANK OF BAL HARBOUR, N. A.          9600 COLLINS AVE.          BAL HARBOUR, FL 33154</b>		
2. Principal Place of Business <b>SunTrust Bank of Bal Harbour</b>		3. Mailing Address <b>SunTrust Bank of Bal Harbour</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number <b>52-6037179</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRYN, KRISTINA B VP          SUNBANK TRUST DEPT.          9600 COLLINS AVENUE          BAL HARBOUR, FL 33154</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>SunTrust Bank Trust Dept.</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>QUATRALE, YVONNE</b> <b>237 GROVE AVE.</b> <b>PATCHOGUE, N.</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Patchogue, NY 11772</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KING, SANFORD</b> <b>18441 NW 2ND AVENUE #219</b> <b>MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Miami, FL 33169</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>QUATRALE, FRANK</b> <b>237 GROVE AVENUE</b> <b>PATCHOGUE, NY 11772</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HERBERT, KURRAS</b> <b>8762 SE RIVERFRONT TERRACE</b> <b>TEQUESTA, FL 33469</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCHNEIDER, ROBERT</b> <b>9600 COLLINS AVE</b> <b>BAL HARBOR, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bal Harbour, FL 33154</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CATSMAN, ELINOR R</b> <b>3 GROVE ISLE DRIVE C504</b> <b>TEQUESTA, FL 33469</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Kristina B Bryn</i> <span style="float: right;"><i>26166</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT



SunTrust Bank  
9600 Collins Avenue  
Bal Harbour, FL 33154  
Tel (305) 868-2668  
Tel (800) 533-1588

50000358  
# 702325

Kristina B. Bryn  
Vice President  
Private Wealth Management  
Fax (305) 868-2646

**CERTIFIED MAIL:RRR 7005 3110 0000 9153 9367**

February 21, 2006

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

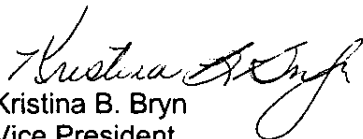
Re: Jefferson Lee Form III Memorial Foundation Inc  
FEIN 52-6037179  
2006 Not-For-Profit Corporation Annual Report

Dear Sirs:

Please find the 2006 Not-For-Profit Corporation Annual Report for the Jefferson Lee Form III Memorial Foundation Inc. and our check for \$61.25 as filing fee. For our files, please sign and return the enclosed copy of this letter in the envelope provided.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact us.

Very truly yours,

  
Kristina B. Bryn  
Vice President  
Personal Trust Officer

KBB:cp  
Encl.

*Received* \_\_\_\_\_



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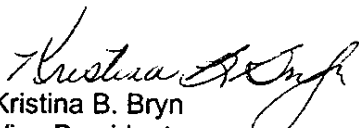
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