2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #702325

1. Entity Name

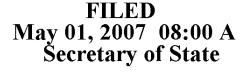
JEFFERSON LEE FORD, III MEMORIAL FOUNDATION, INC.



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





04112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number	Applied For	
52-6037179	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

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

SIGNATURE: _Z

DO NOT WRI	TE
IN THIS SPACE	CE

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	applicable, (NOTE: Registered	Agent signature	required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	Marnirini	595/1418/1415/1415/14	taastilis teriktikkin (* 1947	object Challebellining Cost	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUATRALE, YVONNE 237 GROVE AVE. PATCHOGUE, NY 11772		er in in				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, SANFORD 18441 NW 2ND AVENUE #219 MIAMI, FL 33169		eri Mili				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUATRALE, FRANK 237 GROVE AVENUE PATCHOGUE, NY 11772		In the second se	DO	NOT WR	NTE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERBERT, KURRAS 8762 SE RIVERFRONT TERRACE TEQUESTA, FL 33469		±.	IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ROBERT 9600 COLLINS AVE BAL HARBOUR, FL 33154				05/21/07-6	52471 1 1 1 1 1 1 1 1 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATSMAN, ELINOR R 3 GROVE ISLE DRIVE C504 TEQUESTA, FL 33469					Name of the second	
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.							