


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # 702325 1. Entity Name JEFFERSON LEE FORD, III MEMORIAL FOUNDATION, INC.	
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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
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-6037179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYN, KRISTINA B VP SUNTRUST BANK TRUST DEPT. 9600 COLLINS AVENUE BAL HARBOUR, FL 33154

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUATRALE, YVONNE 237 GROVE AVE. PATCHOGUE, NY 11772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, SANFORD 18441 NW 2ND AVENUE #219 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUATRALE, FRANK 237 GROVE AVENUE PATCHOGUE, NY 11772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERBERT, KURRAS 8762 SE RIVERFRONT TERRACE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ROBERT 9600 COLLINS AVE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATSMAN, ELINOR R 3 GROVE ISLE DRIVE C504 TEQUESTA, FL 33469

<p>U000000785123 01/16/08-80082-012 61.25</p> DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  **1/17/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #