

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702325

FILED
Apr 08, 2009
Secretary of State

Entity Name: JEFFERSON LEE FORD, III MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

SUNTRUST BANK
201 ALHAMBRA CIRCLE, FL 14
CORAL GABLES, FL 33134

Current Mailing Address:

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

New Mailing Address:

SUNTRUST BANK
201 ALHAMBRA CIRCLE, FL 14
CORAL GABLES, FL 33134

FEI Number: 52-6037179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SMITH, JOANNE TA
SUNTRUST BANK TRUST DEPT.
9600 COLLINS AVENUE
BAL HARBOUR, FL 33154 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: JOANNE SMITH

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUATRALE, YVONNE
Address: 237 GROVE AVE.
City-St-Zip: PATCHOGUE, NY 11772

Title: D () Delete
Name: KING, SANFORD
Address: 18441 NW 2ND AVENUE #219
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: QUATRALE, FRANK
Address: 237 GROVE AVENUE
City-St-Zip: PATCHOGUE, NY 11772

Title: VP () Delete
Name: HERBERT, KURRAS
Address: 8762 SE RIVERFRONT TERRACE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: SCHNEIDER, ROBERT
Address: 9600 COLLINS AVE
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: CATSMAN, ELINOR R
Address: 3 GROVE ISLE DRIVE C504
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE SMITH

TA

04/08/2009

Electronic Signature of Signing Officer or Director

Date