2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702325

FILED Mar 07, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

SUNTRUST BANK SUNTRUST BANK

201 ALHAMBRA CIRCLE, FL 14 201 ALHAMBRA CIRCLE, SUITE 1403 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

SUNTRUST BANK SUNTRUST BANK

201 ALHAMBRA CIRCLE, FL 14 201 ALHAMBRA CIRCLE, SUITE 1403

CORAL GABLES, FL 33134 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: Name and Address of New Registered Agent:

SMITH, JOANNE TA DAVIS, MARY E JD SUNTRUST BANK TRUST DEPT. SUNTRUST BANK TR

SUNTRUST BANK TRUST DEPT.

201 ALHAMBRA CIRCLE, 14TH FL

CORAL GABLES, FL 33134 US

SUNTRUST BANK TRUST DEPT.

201 ALHAMBRA CIRCLE SUITE 1403

CORAL GABLES, FL 33134 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: MARY ELIZABETH DAVIS 03/07/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: QUATRALE, YVONNE Address: 237 GROVE AVE. City-St-Zip: PATCHOGUE, NY 11772

Title: D

Name: KING, SANFORD
Address: 10006 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33324

Title:

Name: QUATRALE, FRANK Address: 237 GROVE AVENUE City-St-Zip: PATCHOGUE, NY 11772

Title: VP

Name: HERBERT, KURRAS

Address: 8762 SE RIVERFRONT TERRACE

City-St-Zip: TEQUESTA, FL 33469

Title:

Name: SCHNEIDER, ROBERT Address: 14 SELBY LANE

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title:

 Name:
 CATSMAN, ELINOR R

 Address:
 3 GROVE ISLE DRIVE C504

 City-St-Zip:
 COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: MARY ELIZABETH DAVIS RA 03/07/2012