

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703557

FILED
Apr 19, 2007
Secretary of State

Entity Name: THE HARRY E. NORRIS MEMORIAL FUND, INC.

Current Principal Place of Business:

% FISHERMEN'S HOSPITAL
P.O BOX 500160
MARATHON, FL 330500160

New Principal Place of Business:

Current Mailing Address:

% FISHERMEN'S HOSPITAL
P.O BOX 500160
MARATHON, FL 330500160

New Mailing Address:

FEI Number: 65-0030497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D.
POST OFFICE BOX 500309
9711 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

WRIGHT, THOMAS D.
9711 OVERSEAS HIGHWAY
BOX 500309
MARATHON, FL 33050 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:

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRADICK, KATHARINE S
Address: 12575 OVERSEAS HWY
City-St-Zip: MARATHON, FL

Title: V () Delete
Name: ROCHE, BENJAMIN
Address: 5701 OVERSEAS HIGHWAY, SUITE #7
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: DAHLFUES, BARBARA
Address: 302 B NO. ANGLERS DRIVE
City-St-Zip: MARATHON, FL 33050

Title: TD () Delete
Name: CHALBECK, JOHN A.,
Address: 801 11TH STREET
City-St-Zip: KEY COLONY BEACH, FL 33051

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GRADICK, KATHARINE

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date