2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90052 027 ****61.25

DOCUMENT # 714789

1. Entity Name
EAGLES MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
4710 FOURTEENTH STREET BRADENTON, FL 34207-2003	4710 FOURTEENTH STREET BRADENTON, FL 34207-2003

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1463340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGRIFF, THOMAS J. 4710 14TH ST W BRADENTON, FL 34207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, JERRY 231 HILLCREST DRIVE FREDERICKSBURG, VA 22401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COULSON, BOB 2175 NE CATAWBA RD. #30 FORT CLINTON, OH 43452	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLUM, WILLIAM 132 NELSON RD WINLOCK, WA 98596	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTY, W.P. 570 BONITA CIRCLE LAS CRUCES, NM 88005	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOLLMER, ANDY 1800 EAST MORGAN SPRINGFIELD, IL 62703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD SMITH, FRED E P.O. BOX 10 AU TRAIN, MI 49806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CROSS, KEN 910 EAST TIMBERLAKE DRIVE SHELTON, WA 98584	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CLARK, WAYNE D 3001 SCOTCHWOOD DR JONESBORO, AR 724018216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CRAWFORD, ORVILLE J. "SONNY" 723 WEST OAK STREET UNION CITY, IN 47390	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIEBOL, GEORGE 1111 N. 2000 W. #324 OGDEN, UT 84404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D. R. "JIM" WEST 800 MAJOR LANE HOPKINSVILLE, KY 42240	☒ Change ☐ Addition

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: Orville J. Crawford Orville J. Crawford Chairman 2-12-07 765-964-5896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #