2004 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT (AR)

SIGNATURE

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # 717007... 1. Entity Name 04-21-2004 90075 045 ****61.25 FLOYD L. WRAY MEMORIAL FOUNDATION, INC. Principal Place of Business Mailing Address 3750 FLAMINGO ROAD 3750 FLAMINGO ROAD FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 23-7112655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONALD, EDWIN D. SUITE 422, 1040 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 8. The above named entity submits this statement for the purpose hanging 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☐ Addition MCDONALD, EDWIN D NAME NAME STE 422, 1040 BAYVIEW DR STREET ADDRESS STREET ADDRESS FT LAUD FL CITY-ST-ZIP CITY-ST-ZIP DΡ Delete TITLE TITLE ☐ Change ☐ Addition WILL, ALBERT A. JR. NAME 1661 SW 27TH AVE STREET ADDRESS STREET ADDRESS FT LAUD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ROWLEY, PETER NAME NAME 806 SW 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition LEDBETTER, DAVIE NAME NAME 2400 E OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS FT.LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOOD, STAN NAME NAME 2070 S.W. 90TH AVE.,#C STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my senature 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 fedured 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 to the corporation of the corporation of the receiver or trustee empowered to execute this report as fedured by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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