2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 05, 2008 8:00 am Secretary of State **DOCUMENT # 717007** 1. Entity Name 03-05-2008 90033 030 ****61.25 FLOYD L. WRAY MEMORIAL FOUNDATION, INC. Principal Place of Business Mailing Address 3750 FLAMINGO ROAD FT LAUDERDALE FL 33330 3750 FLAMINGO ROAD FT LAUDERDALE FL 33330 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 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-WILL, ALBERT A JR. Street Address (P.O. Box Number is Not Acceptable) 1661 SW 27 AVE. FORT LAUDERDALE FL 33312 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 Signature, typod or printed name of registered agent and site if applicable. (NOTE: Begistered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be . Due By May 1, 2008 ⊬ Trust Fund Contribution. Added to Fees Florida Department of State xalliza bela orki ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete Change Addition WILL, ALBERT A. JR. NAME NAME STREET ADDRESS 1661 SW 27TH AVE STREET ADDRESS FT LAUD FL CITY-ST-ZIP CITY -ST-ZIP D TITLE Delete TITLE ☐ Change Addition ROWLEY, PETER NAME NAME 806 SW 2ND STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LEDBETTER, DAVIE NAME NAME STREET ADDRESS 2400 E OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL CITY-ST-ZIP DT TITLE Delete TITLE Change Addition WOOD, STAN NAME 2070 S.W. 90TH AVE.,#C STREET ADDRESS STREET ACCRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

ignature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

indicated on this report or supplemental report is true and accurate and

of the corporation or the receiver or trustee empowers if changed, or on an attachment with a saddress with

SIGNATURE

FILED