


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM  
Secretary of State

DOCUMENT # 718849 1. Entity Name JOE REALINO MEMORIAL FUND, INC.	
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Principal Place of Business 140 N. BREVARD AVE COCOA BCH, FL 32931 US	Mailing Address P.O. BOX 320364 COCOA BCH, FL 32932-364 US
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04232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3327356	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WILFRET, MARY 52 COLONIAL DR COCOA BEACH, FL 32931
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**DO NOT WRITE  
IN THIS SPACE**

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: Mary Wilfret DATE: 4-21-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

U00000344256

04/29/05-80129-017 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHABOT, RON P O BOX 561290 ROCKLEDGE, FL 329561290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS KEMP, JOANNA 640 N. ATLANTIC AVE. 2B COCOA BEACH, FL 32930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSIE, WANDA LEE 400 CATALINA DRIVE COCOA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARSONS, BILL 152 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOUDERS, JOHNATHAN 140 N. BREVARD AVE COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILFRET, MARY 52 COLONIAL DR COCOA BCH, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary Wilfret DATE: 4-21-05 3217840636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #