2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000646

1. Entity Name
CAITLIN GRACE ALBURY MEMORIAL FUND, INC.

Principal Place of Business
550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

Mailing Address
550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

01312006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, DAVID T ESQ.
550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

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

Filing Fee is $61.25
Due by May 1, 2006

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

U00000518867
05/02/06-80029-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, DAVID T
STREET ADDRESS	550 SW 12TH AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	ALBURY, JANET
STREET ADDRESS	MARSH HARBOUR GREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,
TITLE	D
NAME	ALBURY, MOLLIE
STREET ADDRESS	MARSH HARBOUR GREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,
TITLE	D
NAME	ALBURY, DAREN
STREET ADDRESS	MARSH HARBOUR GREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,
TITLE	D
NAME	STRATTON, KEITH
STREET ADDRESS	MARSH HARBOUR GREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,
TITLE	D
NAME	RUSSELL, GURTH
STREET ADDRESS	MARSH HARBOUR GREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,

DO NOT WRITE IN THIS SPACE

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: DAVID T. PRICE 4-17-06 954-421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #