2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006046

1. Entity Name
GAIL ADAMS MEMORIAL FUND, INC.

Principal Place of Business	Mailing Address
1220 JACKSON AVENUE CHIPLEY, FL 32428	1220 JACKSON AVENUE CHIPLEY, FL 32428

DO NOT WRITE IN THIS SPACE

03212006 Np Chg-NP CR2E037 (11/05)

4. FEI Number
41-6531459

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, JOHN
1220 JACKSON AVENUE
CHIPLEY, FL 32428

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: John Adams 3-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, JOHN
STREET ADDRESS	1220 JACKSON AVENUE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	KILPATRICK, DRAYTON
STREET ADDRESS	1334 OLD BONIFAY ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	MYERS, TONYA
STREET ADDRESS	3499 GAINER ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000496878
04/22/06-80031-010 61.25

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: John Adams 3-24-06 850-638-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #