

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008423

FILED
Apr 30, 2006
Secretary of State

Entity Name: JAMES S. POLLACK, M.D. MEMORIAL FUND, INC.

Current Principal Place of Business:

2375 HADDON HALL PLACE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2375 HADDON HALL PLACE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-3338238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAYMAN, EVAN G
2560 GULF TO BAY BLVD SUITE 300
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D () Change (X) Addition
Name: POLLACK, RONNIE S DR.
Address: 2375 HADDON HALL
City-St-Zip: CLEARWATER, FL 33764 US

Title: O/D () Change (X) Addition
Name: POLLACK FRAYMAN, RICKI C DR.
Address: 218 HIGHLAND WOODS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: O/D () Change (X) Addition
Name: POLLACK, FREDERICK L MR.
Address: 412 EAST MADISON STREET, SUITE # 915
City-St-Zip: TAMPA, FL 33602 US

Title: O/D () Change (X) Addition
Name: POLLACK, WOODROW H MR.
Address: 14463 SANDPIPER CIRCLE
City-St-Zip: CLEARWATER, FL 33762 US

Title: O/D () Change (X) Addition
Name: POLLACK, GREGORY A DR.
Address: 2015 SOUTH 1600 EAST
City-St-Zip: SALT LAKE CITY, UT 84105 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. S. POLLACK

O/D

04/30/2006

Electronic Signature of Signing Officer or Director

Date