


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000012598</b> 1. Entity Name JASON D. THOMAS MEMORIAL, INC.	
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Principal Place of Business P. O. BOX 773241 OCALA, FL 34477	Mailing Address P. O. BOX 773241 OCALA, FL 34477
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**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3793785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALKER, WANDA 1606 NW 20TH CT. OCALA, FL 34474
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALKER, WANDA 1606 NW 20TH CT. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOY, RONALD 3 PINE COURSE RUN OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ESTELLA 416 CYPRESS RD OCALA, FL 34472
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/07-80044-004 61.25

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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 life empowered.

<b>SIGNATURE:</b> <u>Wanda Walker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/26/07</u> <small>Date</small>	 <small>Daytime Phone #</small>
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