

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003003

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE UNFORGETTABLE FUND, INC

Current Principal Place of Business:

820 8TH TERRACE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

820 8TH TERRACE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-4506729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOHERTY, ALLAN T
820 8TH TERRACE
PALM BEACH GARDENS, FL 33418 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: DIR () Delete
Name: DOHERTY, ALLAN T
Address: 820 8TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DIR () Delete
Name: DOHERTY, PATRICIA
Address: 820 8TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DIR () Delete
Name: SHEPARD, SUSAN
Address: 4894 SOUTH KAY ST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR () Delete
Name: KEY, DOLORES
Address: 372 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DIR () Delete
Name: LEISSRING, MALCOLM
Address: 888 TAFT COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR () Delete
Name: WAHLESTEDT, CLAES DR
Address: 212 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALLAN DOHERTY

DIR

04/25/2008

Electronic Signature of Signing Officer or Director

Date