2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000003003

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 04/29/2009

Electronic Signature of Signing Officer or Director — Date