

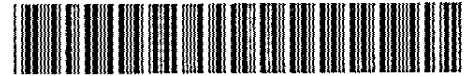
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N06832	
1. Entity Name TODD THOMAS MEMORIAL FOUNDATION, INC.	

Principal Place of Business 903 S. HILLTOP DR. 1 BRANDON FL 33511	Mailing Address 903 S. HILLTOP DR. 1 BRANDON FL 33511
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2. Principal Place of Business - No P.O. Box # 903 HILLTOP DR. Suite, Apt. #, etc.	3. Mailing Address 903 HILLTOP DR Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State BRANDON, FL Zip 33511 Country HILLS	City & State BRANDON, FL. Zip 33511 Country HILLS.
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4. FEI Number 59-6777076	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent THOMAS, TIMOTHY 903 HILLTOP DR BRANDON FL 33511
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, FRANCIS D 903 S HILLTOP DR BRANDON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000628367 02/16/07-80012-021 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, PHYLLIS M 903 S HILLTOP DR BRANDON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEREZ, JOSE' D JR 1524 LORETTA BRANDON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ, JEAN 1524 LORETTA BRANDON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Francis D. Thomas Pres. FRANCIS D. THOMAS 2-207 689-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #