


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

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N47997 1. Entity Name SKIP BRYANT MEMORIAL FUND, INC.	
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Principal Place of Business 504 NW 4TH STREET OKEECHOBEE, FL 34972	Mailing Address 503 SW 21ST STREET OKEECHOBEE, FL 34974
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03112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0326423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COSTOPOULOS, MICHAEL L 115 N.E. 3RD STREET OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, VIRGINIA M 503 SW 21 ST OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTOPOULOS, MICHAEL L 1887 SW 67 DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBEL, THOMAS A 1775 S.E. 6TH LANE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DENNY 50 SE 2ND AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 MAY, PAUL 504 NW 4TH STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000666453 03/23/07-80070-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 like empowered.

SIGNATURE: Virginia M. Bryant 3/12/07 863-763-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #