2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N47997

Entity Name: SKIP BRYANT MEMORIAL FUND, INC.

Current Principal Place of Business:

504 NW 4TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

503 SW 21ST STREET
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 65-0326423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTOPOULOS, MICHAEL L
115 N.E. 3RD STREET
OKEECHOBEE, FL 34972 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: D ( ) Delete
Name: BRYANT, VIRGINIA M
Address: 503 SW 21 ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: COSTOPOULOS, MICHAEL L
Address: 1887 SW 67 DR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: DAVIS, DENNY
Address: 50 SE 2ND AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: MAY, PAUL
Address: 504 NW 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: NOEL, STEPHEN E
Address: 504 NW 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

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: VIRGINIA M. BRYANT D 04/10/2009

Electronic Signature of Signing Officer or Director — Date