

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47997

**FILED**  
**Jun 20, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: BRYANT, VIRGINIA M  
Address: 503 SW 21 ST  
City-St-Zip: OKEECHOBEE, FL 34974

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

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

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

Title: D  
Name: NOEL, STEPHEN E  
Address: 504 NW 4TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: VIRGINIA M. BRYANT

D

06/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date