


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

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N96000004412 1. Entity Name THE JOHN AND DAVID RIGSBY MEMORIAL FUND, INC.	
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Principal Place of Business 9013 POINT CYPRESS DRIVE ORLANDO, FL 32836	Mailing Address 9013 POINT CYPRESS DRIVE ORLANDO, FL 32836
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DO NOT WRITE IN THIS SPACE



02112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3398973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIGSBY, JOHN N
9013 POINT CYPRESS DRIVE
ORLANDO, FL 32836

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 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 RIGSBY, JOHN N 9013 POINT CYPRESS DRIVE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGSBY, VIRGINIA B 9013 POINT CYPRESS DRIVE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGSBY, SHIRLEY J 2774 CRAYTON ROAD NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/24/07-80126-018 61.25

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 reports 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:  **April 12 2007** 407-210-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #