2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N98000006766

Entity Name: KEITH STRAGHN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

26 SOUTHWEST 5TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

26 SOUTHWEST 5TH AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0591095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEDRICK D. STRAGHN
26 SW 5TH AV
THE STRAGHN BUILDING
DELRAY BEACH, FL 33444 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: PD ( ) Delete
Name: STRAGHN, ALFRED
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete
Name: STRAGHN, RANDY
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete
Name: STRAGHN, LOIS
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete
Name: HARRIS, RITA
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD ( ) Delete
Name: HARRELL, ANNETTE B
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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: TD (X) Change ( ) Addition
Name: STRAGHN, DEDRICK
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD (X) Change ( ) Addition
Name: HARRELL, ANNETTE B
Address: 26 SOUTHWEST 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNETTE HARRELL SD 04/24/2007

Electronic Signature of Signing Officer or Director — Date