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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED
1/13/2005-90091-015-$61.25-$61.25

05 MAR -7 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31633

1. Entity Name
THOMAS MEMORIAL FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
14235 PRIM POINT LN. FT. MYERS, FL 33919 US	14235 PRIM POINT LN. FT. MYERS, FL 33919 US

01052005 No Chg-NP CR2E037 (10/03) MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1909736
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHAN, SUSAN T
14235 PRIM-POINT-LANE
FT. MYERS, FL 33919

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (If not) Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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TALLAHASSEE, FLORIDA
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10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	HAMILTON, ALLEN S III
STREET ADDRESS	7004 RICHLAND CT.
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	D
NAME	SCHEXNAILDRE, SUSAN H
STREET ADDRESS	701 CENTRAL AVENUE
CITY-ST-ZIP	HOUMA, LA 70364
TITLE	DVP
NAME	HAMILTON, LEE T
STREET ADDRESS	5316 ARROWSHIRE DRIVE
CITY-ST-ZIP	LAGRANGE, KY 40031
TITLE	DP
NAME	HAMILTON, ELWOOD II
STREET ADDRESS	1013 LODGEHALL RD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	D
NAME	HAMILTON, CHARLES M
STREET ADDRESS	12541 ALLENDALE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DVP
NAME	JANE H. GOSS
STREET ADDRESS	15651 KNIGHTBRIDGE COURT
CITY-ST-ZIP	FORT MYERS, FL 33908

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 asterisk, with all other like empowered.

SIGNATURE Susan T. Mahan Susan T. Mahan 1/5/05 239-850-4091
(Required) (Name of person signing) (Title) (Telephone Number)

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ATTACHMENT

6601319

DOCUMENT NUMBER P31633

THOMAS MEMORIAL FOUNDATION, INC.
14235 PRIM POINT LANE
FORT MYERS, FL. 33919

FEI NUMBER 58-1909736

ATTACHMENT TO 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ADDITIONAL OFFICERS AND DIRECTORS

Director:
Catherine H. Adams
305 Columbia Avenue
Whitefish, Montana 59937

Director and Secretary:
Susan T. Mahan
14235 Prim Point Lane
Fort Myers, Florida 33919