


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90267 038 \*\*\*\*61.25

<b>DOCUMENT # P31633</b> 1. Entity Name <b>THOMAS MEMORIAL FOUNDATION, INCORPORATED</b>					
Principal Place of Business <b>14235 PRIM POINT LN. FT. MYERS, FL 33919 US</b>			Mailing Address <b>14235 PRIM POINT LN. FT. MYERS, FL 33919 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-1909736</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAHAN, SUSAN T 14235 PRIM POINT LANE FT. MYERS, FL 33919</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, III, ALLEN S 7004 RICHLAND CT. ROSWELL, GA 30076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Susan T. Mahan 14235 Prim Point Ln Ft. Myers, FL 33919
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEXNAILDRE, SUSAN H 701 CENTRAL AVENUE HOUMA, LA 70364	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Catherine Adams 305 Columbia Ave Whitefish Mt 59937
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAMILTON, LEE T 5316 ARROWSHIRE DRIVE LAGRANGE, KY 40031	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Lee T. Hamilton 5316 Arrowshire Dr. La Grange, KY 40031
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, II, ELWOOD 1013 LODGEHILL RD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Susan H. Schexnauldre 102 Cottonwood Dr Houma, LA 70360
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CHARLES M 12541 ALLENDALE CIRCLE FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Charles M. Hamilton 12541 Allendale Circle Ft. Myers FL 33912
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOSS, JANE H 15851 KNIGHTBRIDGE COURT FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen S. Hamilton III 7004 Richland Ct Roswell GA 30076
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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 address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Susan T Mahan Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/10/06 239-850-4091 <small>Date Daytime Phone #</small>	

ATTACHMENT

40002963

**2006 Not-For-Profit Corporation Annual Report**

**DOCUMENT #P31633**

**THOMAS MEMORIAL FOUNDATION**

**Additional Changes:**

**D**

**Elwood Hamilton, II  
1013 Lodgehill Road  
Louisville, Kentucky 40223**

**D**

**Jane H. Goss  
15851 Knightsbridge Court  
Fort Myers, FL 33908**