

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P31633**

1. Entity Name  
**THOMAS MEMORIAL FOUNDATION, INCORPORATED**



Principal Place of Business

**253461CSNCP.DUMD  
GJNZFSTQM44: 2 !!!!!VT**

Mailing Address

**253461CSNCP.DUMD  
GJNZFSTQM44: 2 !!!!!VT**

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**58-1909736**

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

*Signature: typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**%6/11 NbzlCf!  
Beef eluplG ft**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMILTON, III, ALLEN S
STREET ADDRESS	7004 RICHLAND CT.
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	DVP
NAME	SCHEXNAILDRE, SUSAN H
STREET ADDRESS	102 COTTONWOOD DR
CITY-ST-ZIP	HOUMA, LA 70360
TITLE	DP
NAME	HAMILTON, LEE T
STREET ADDRESS	5316 ARROWSHIRE DR
CITY-ST-ZIP	LAGRANGE, KY 40031
TITLE	DP
NAME	HAMILTON, II, ELWOOD
STREET ADDRESS	1013 LODGEHILL RD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	DT
NAME	HAMILTON, CHARLES M
STREET ADDRESS	12541 ALLENDALE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DVP
NAME	GOSS, JANE H
STREET ADDRESS	15851 KNIGHTBRIDGE COURT
CITY-ST-ZIP	FORT MYERS, FL 33908

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01/10/07-80091-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Susan T Mahan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/07*  
Date

*239-489-3264*  
Daytime Phone #