


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P31633 1. Entity Name THOMAS MEMORIAL FOUNDATION, INCORPORATED	
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Principal Place of Business 14235 PRIM POINT LN. FT. MYERS, FL 33919 US	Mailing Address 14235 PRIM POINT LN. FT. MYERS, FL 33919 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1909736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent MAHAN, SUSAN T 14235 PRIM POINT LANE FT. MYERS, FL 33919
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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)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000779862 01/11/08-80054-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, III, ALLEN S 7004 RICHLAND CT. ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHEXNAILDRE, SUSAN H 102 COTTONWOOD DR HOUMA, LA 70360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, LEE T 5316 ARROWSHIRE DR LAGRANGE, KY 40031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, II, ELWOOD 1013 LODGEHILL RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, CHARLES M 12541 ALLENDALE CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOSS, JANE H 15851 KNIGHTBRIDGE COURT FORT MYERS, FL 33908
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/9/08 239-850-4091 <small>Date Daytime Phone #</small>