2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P31633

Entity Name: THOMAS MEMORIAL FOUNDATION, INCORPORATED

Current Principal Place of Business:

14235 PRIM POINT LN.
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

14235 PRIM POINT LN.
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 58-1909736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHAN, SUSAN T
14235 PRIM POINT LANE
FT. MYERS, FL 33919 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:	D	( ) Delete
Name:	HAMILTON, III, ALLEN S	
Address:	7004 RICHLAND CT.	
City-St-Zip:	ROSWELL, GA 30076	
Title:	DVP	( ) Delete
Name:	SCHEXNAILDRE, SUSAN H	
Address:	102 COTTONWOOD DR	
City-St-Zip:	HOUMA, LA 70360	
Title:	DP	( ) Delete
Name:	HAMILTON, LEE T	
Address:	5316 ARROWSHIRE DR	
City-St-Zip:	LAGRANGE, KY 40031	
Title:	DP	( ) Delete
Name:	HAMILTON, II, ELWOOD	
Address:	1013 LODGEHILL RD	
City-St-Zip:	LOUISVILLE, KY 40223	
Title:	DT	( ) Delete
Name:	HAMILTON, CHARLES M	
Address:	12541 ALLENDALE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	DVP	( ) Delete
Name:	GOSS, JANE H	
Address:	15851 KNIGHTBRIDGE COURT	
City-St-Zip:	FORT MYERS, FL 33908	

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	GOSS, JANE H	
Address:	24 LYTHAM LANE	
City-St-Zip:	DURHAM, NC 27707	

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN T. MAHAN SECY 01/14/2009

Electronic Signature of Signing Officer or Director — Date