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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91164 043 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31633

1. Entity Name
THOMAS MEMORIAL FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
~~1523 SADDLEWOODE DR.~~ FT. MYERS, FL 33919 US	THOMAS MEMORIAL FOUNDATION, INC. ~~1523 SADDLEWOODE DR.~~ FT. MYERS, FL 33919 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14235 Prim Point Ln.	14235 Prim Point Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers FL	City & State: Fort Myers FL
Zip: 33919 Country: Lee	Zip: 33919 Country: Lee

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
~~1893 SADDLEWOODE DR~~
FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
14235 Prim Point Lane

City Ft Myers FL Zip Code 33919

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. (NOTE: Registered Agent signature required when attesting)

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, ALLEN S III ~~6365 PEACHTREE DUNWOODY RD #112~~ ~~ATLANTA, GA 30342~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT 7004 Richland Ct. Roswell GA 30076 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEXNAILDRE, SUSAN H 701 CENTRAL AVENUE HOUMA, LA 70364 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HAMILTON, LEE T 6316 ARROWSHIRE DRIVE LAGRANGE, KY 40031 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMILTON, ELWOOD II 1013 LODGEHILL RD LOUISVILLE, KY 40223 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, CHARLES M 12541 ALLENDALE CIRCLE FORT MYERS, FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JANE H. GOSS 16951 KNIGHTBRIDGE COURT FORT MYERS, FL 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 address, with all other like empowered.

SIGNATURE: Susan T Mahan 5/1/03 239-489-3264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

See addional officers and Directors on next page.

ATTACHMENT
80112839
P31633

2003 Not-for-Profit Corporation
Uniform Business Report
Document # P31633

Title	D
Name	Catherine H. Adams
Address	305 Columbia Ave
City St Zip	Whitefish MT 59937

Title	D S
Name	Susan T. Mahan
Address	14235 Prim Point Ln.
City St Zip	Ft. Myers FL 33919

Susan T Mahan 5/1/03