

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000571

Entity Name: THOMAS M. "MIKE" ARNOLD MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**335 FLAGLER BLVD.
LAKE PARK, FL 33403**Current Mailing Address:**335 FLAGLER BLVD.
LAKE PARK, FL 33403**FEI Number:** 26-4318167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEETON, WILLIAM
335 FLAGLER BLVD.
LAKE PARK, FL 33403 US*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**Officer/Director Detail :**

Title	T
Name	KEETON, WILLIAM
Address	335 FLAGLER BLVD.
City-State-Zip:	LAKE PARK FL 33403

Title	T
Name	MURRAY, DAN
Address	335 FLAGLER BLVD.
City-State-Zip:	LAKE PARK FL 33403

Title	T
Name	DAVIS, WILLIAM
Address	335 FLAGLER BLVD.
City-State-Zip:	LAKE PARK FL 33403

Title	T
Name	MCPHAIL, MARY-JO
Address	127 ADOBE CIRCLE
City-State-Zip:	JUPITER FL 33458

Title	T
Name	SCOTTEN, JOHN
Address	10945 SE HARKEN TERRACE
City-State-Zip:	TEQUESTA FL 33469

Title	T
Name	DOHERTY, JAMES
Address	14270 JOAN DRIVE
City-State-Zip:	JUPITER FL 33410

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM KEETON**TREASURER****04/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date