

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700203

FILED
Jan 16, 2007
Secretary of State

Entity Name: THE J.N. MCARTHUR FOUNDATION, INC.

Current Principal Place of Business:

80 S.W. 8TH STREET
SUITE 2110
MIAMI, FL 33130 US

New Principal Place of Business:

10811 SW TRADITION SQUARE
PORT SAINT LUCIE, FL 34987 US

Current Mailing Address:

80 S.W. 8TH STREET
SUITE 2110
MIAMI, FL 33130 US

New Mailing Address:

10811 SW TRADITION SQUARE
PORT SAINT LUCIE, FL 34987 US

FEI Number: 59-6063228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, NANCY J.
80 S.W. 8TH STREET
SUITE 2110
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

DAVIS, NANCY J.
10811 SW TRADITION SQUARE
PORT SAINT LUCIE, FL 34987 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:

01/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LASKIN, LINDA DAVIS
Address: 80 SW 8TH ST. STE. 2110
City-St-Zip: MIAMI, FL 33130

Title: VD () Delete
Name: DAVIS, RHODES J
Address: 80 SW 8TH ST. STE. 2110
City-St-Zip: MIAMI, FL 33130

Title: PD () Delete
Name: DAVIS, NANCY J
Address: 80 SW 8TH ST. STE. 2110
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: JAMES, ADELHEID E
Address: 80 S.W. 8TH STREET, SUITE 2110
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LASKIN, LINDA DAVIS
Address: 10811 SW TRADITION SQUARE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VD (X) Change () Addition
Name: DAVIS, RHODES J
Address: 10811 SW TRADITION SQUARE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: PD (X) Change () Addition
Name: DAVIS, NANCY J
Address: 10811 SW TRADITION SQUARE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: ST (X) Change () Addition
Name: JAMES, ADELHEID E
Address: 10811 SW TRADITION SQUARE
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY J. DAVIS

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

Date