

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700203

FILED  
Apr 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

10811 SW TRADITION SQUARE  
PORT SAINT LUCIE, FL 34987 US

**New Principal Place of Business:**

**Current Mailing Address:**

10811 SW TRADITION SQUARE  
PORT SAINT LUCIE, FL 34987 US

**New Mailing Address:**

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.  
10811 SW TRADITION SQUARE  
PORT SAINT LUCIE, FL 34987 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: VD  
Name: LASKIN, LINDA DAVIS  
Address: 10811 SW TRADITION SQUARE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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

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

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

Title: VD  
Name: DAVIS, JAMIE  
Address: 10811 SW TRADITION SQUARE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: NANCY J. DAVIS

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04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date