2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003625

Entity Name: MAINE COMMUNITY FOUNDATION, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

245 MAIN ST

ELLSWORTH, ME 04605

Current Mailing Address: New Mailing Address:

245 MAIN ST

ELLSWORTH, ME 04605

FEI Number: 01-0391479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SCHMEIZER, HENRY L.P. SCHMELZER, HENRY L.P. Name: Name:

245 MAIN ST Address: 245 MAIN ST Address: ELLSWORTH, ME 04605

City-St-Zip: City-St-Zip: ELLSWORTH, ME 04605

Title: Title: () Delete () Change () Addition

POPE, ELLEN Name: Name: Address: 245 MAIN ST Address: City-St-Zip: ELLSWORTH, ME 04605 City-St-Zip:

Title: () Delete Title: () Change () Addition

CLEGHORN, PAMELA Name: Name: Address: 245 MAIN ST Address: City-St-Zip: ELLSWORTH, ME 04605 City-St-Zip:

Title: ΑT () Delete Title: (X) Change () Addition AT

Name: GEARY, JAMES F Name: GEARY, JAMES E Address: 245 MAIN ST Address: 245 MAIN ST City-St-Zip: ELLSWORTH, ME 04605 City-St-Zip: ELLSWORTH, ME 04605

Title: () Delete Title: (X) Change () Addition

ARMSTRONG, RACHEL F PENLEY, WENDY E Name: Name: 40 THORNHURST RD PO BOX 936 Address: Address: City-St-Zip: FALMOUTH FORESIDE, ME 04105 City-St-Zip: BETHEL, ME 04217

Title: () Delete Title: (X) Change () Addition

WOODBURY, ROBERT L BECKER, DAVID Name: Name: Address: 94 NEAL ST Address: 167 REACH RD

PORTLAND, ME 04102 HARPSWELL, ME 04079 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES E. GEARY ΑT 01/06/2005