


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90107 013 ****61.25

DOCUMENT # N02000001007 1. Entity Name THE M.C.L. FOUNDATION, INC.					
Principal Place of Business 11382 PROSPERITY FARMS ROAD SUITE 126 PALM BEACH GARDENS, FL 33410			Mailing Address 11382 PROSPERITY FARMS ROAD SUITE 126 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0614243	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANE, MARCIA C 11382 PROSPERITY FARMS ROAD SUITE 126 PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	CRYSTAL L. NASSER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANE, MARCIA C	NAME	123 Dunes Edge Rd. Secretary		
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS	Jupiter, FL 33477		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	Jup, FL 33477		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	James J. Hennessey <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALETTA, TAMMY	NAME	123 Dunes Edge Rd. Treasurer		
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS	Jup, FL 33477		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	Jup, FL 33477		
TITLE	D <input type="checkbox"/> Delete	TITLE	Katherine Antonucci <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WARGO, DEIDRRE	NAME	336 Golfview Rd. #704		
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS	N. Palm Bch. FL 33408		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	N. Palm Bch. FL 33408		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Marcia C. Lane</i>		2-28-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			