

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011298

FILED
Feb 16, 2007
Secretary of State

Entity Name: MICHAEL AND SANDRA MCCLURE FOUNDATION, INC.

Current Principal Place of Business:

2210 DONATO DR
BELLEAIR BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

1219 FRANKLIN CIRCLE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-1972662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, STEPHEN G
606 DRUID ROAD E
CLEARWATER, FL 33756 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: PD () Delete
Name: MCCLURE, MICHAEL W
Address: 2210 DONATO DR
City-St-Zip: BELLEAIR BEACH, FL 33767

Title: SD () Delete
Name: MCCLURE, SANDRA K
Address: 2210 DONATO DR
City-St-Zip: BELLEAIR BEACH, FL 33767

Title: VD () Delete
Name: WATTS, STEPHEN G
Address: 606 DRUID ROAD E
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: CROWN, ROBERT E
Address: 1219 FRANKLIN CIRCLE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT E CROWN

TD

02/16/2007

Electronic Signature of Signing Officer or Director

_____ Date