2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N06000000630

FILED Jan 29, 2007 8:00 am Secretary of State

1. Entity Name THE MCMASTER FAMILY FOUNDATION, INC.								01	-29-2007 90	0101 02	22 ****70.0	00
Principal Place of Business 215 SOUTH OCEAN GRANDE DRIVE UNIT 201 PONTE VEDRA, FL 32082 Mailing Address 215 SOUTH OCEAN GRANDE UNIT 201 PONTE VEDRA, FL 32082						RIVE		 - 	 1 00 e mi 20 0 ac	11 46 14 66 41	. .	WIEL ET HEEL
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			••	01222007 _C	hg-NP	CR2E	037 (12/06)	
City & State			Cit	City & State				4. FEI Number	7738	<u></u> 5		oplied For ot Applicable
Zip Country			Ziç)	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent				7. Name and Add	Iress of New R	egistered	Agent	
MCMASTER, LEE P						Name						
215 SOUTH OCEAN GRANDE DRIVE UNIT 201 PONTE VEDRA, FL 32082						Street Address (P.O. Box Number is Not Acceptable)						
PONTEVE	EURA, FL	32082		City							Zip Cod	le
The above named entity submits this statement for the purpose of changing its registerer							register	ed agent, or both, in	the State of Flo	Florida. I an		
the obligat	tions of regist	stered agent.										
SIGNATURE.	Signature, typed	d or printed name of registered agent	t and title if app	Hoable. (NOTE	: Registere	id Agent signatu	re required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007						9. Election Campaign Financing Trust Fund Contribution.						
	_							\$5.00 May Be Added to Fees			ck payable tertment of S	
10.	_		RECTORS			ion.		\$5.00 May Be Added to Fees	Flor	ida Depa	ertment of S	tate
TITLE	PTD	May 1, 2007 OFFICERS AND DI	RECTORS		11.	ion. I		Added to Fees	Flor	ida Depa	ertment of S	tate
TITLE NAME	PTD MCMAST	May 1, 2007 OFFICERS AND DI TER, LEE P	<u>:::</u> .	Trust Fund C	11.	E E		Added to Fees	Flor	ida Depa	IRECTORS IN	tate
TITLE	PTD MCMAST 215 SOU	May 1, 2007 OFFICERS AND DI	<u>:::</u> .	Trust Fund C	11. TITU NAM	ion. I		Added to Fees	Flor	ida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD MCMAST 215 SOU' PONTE V	May 1, 2007 OFFICERS AND DI ER, LEE P TH OCEAN GRANDE I /EDRA, FL 32082	<u>:::</u> .	Trust Fund C	11. TITU NAM	E E EET ADDRESS '-ST-ZIP		Added to Fees	Flor	ida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTD MCMAST 215 SOU' PONTE V SD MCMAST	May 1, 2007 OFFICERS AND DI TER, LEE P TH OCEAN GRANDE D /EDRA, FL 32082	ORIVE, UI	Trust Fund C	11. TITU NAM STRE	E EEET ADDRESS '-ST-ZIP E		Added to Fees	Flor	ida Depa	DIRECTORS IN Change	tate V 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD MCMAST 215 SOU' PONTE V SD MCMAST 215 SOU'	May 1, 2007 OFFICERS AND DI ER, LEE P TH OCEAN GRANDE I /EDRA, FL 32082	ORIVE, UI	Trust Fund C	11. 1ITU NAM STRE CITY NAM STRE	E IE EET ADDRESS ST-ZIP		Added to Fees	Flor	ida Depa	DIRECTORS IN Change	tate V 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTD MCMAST 215 SOU' PONTE V SD MCMAST 215 SOU'	May 1, 2007 OFFICERS AND DI TER, LEE P TH OCEAN GRANDE D /EDRA, FL 32082 TER, LORETTA W TH OCEAN GRANDE D	ORIVE, UI	Trust Fund C	11. 1ITU NAM STRE CITY NAM STRE	E EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP		Added to Fees	Flor	ida Depa	DIRECTORS IN Change	tate V 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTD MCMAST 215 SOU' PONTE V SD MCMAST 215 SOU' PONTE V VPD MCMAST	May 1, 2007 OFFICERS AND DI TER, LEE P TH OCEAN GRANDE D /EDRA, FL 32082 TER, LORETTA W TH OCEAN GRANDE D /EDRA, FL 32082 TER, CRAIG L	ORIVE, UI	Trust Fund C	11. III U NAM STRE CITY TITU NAM STRE CITY TITU NAM STRE CITY	E EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS -ST-ZIP E		Added to Fees	Flor	ida Depa	PIRECTORS IN Change	tate 10 Addition Addition
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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 AND TYPED OR PRINTED NAME OF BIGINING OFFICER OR DIRECTOR