

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000000630**

1. Entity Name  
**THE MCMASTER FAMILY FOUNDATION, INC.**



Principal Place of Business

**215 SOUTH OCEAN GRANDE DRIVE  
UNIT 201  
PONTE VEDRA, FL 32082**

Mailing Address

**215 SOUTH OCEAN GRANDE DRIVE  
UNIT 201  
PONTE VEDRA, FL 32082**



03032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0577385**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCMASTER, LEE P  
215 SOUTH OCEAN GRANDE DRIVE  
UNIT 201  
PONTE VEDRA, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
MCMASTER, LEE P  
215 SOUTH OCEAN GRANDE DRIVE, UNIT 201  
PONTE VEDRA, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MCMASTER, LORETTA W  
215 SOUTH OCEAN GRANDE DRIVE, UNIT 201  
PONTE VEDRA, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MCMASTER, CRAIG L  
8 MID WAY  
PURDYS, NY 10578**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MCMASTER, BRIAN W  
2218 HERMOSA AVENUE  
DURANGO, CO 81301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000851063  
03/25/08-80023-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Lee P. McMaster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/08**  
Date

**(904) 825-2110**  
Daytime Phone #