

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

0006836

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

**DOCUMENT # N97000003708 (1)**  
 1. Corporation Name  
**MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDATION, INC.**



Principal Place of Business 100 LAKESHORE DR PH 56 NORTH PALM BEACH FL 33408	Mailing Address 100 LAKESHORE DR PH 56 NORTH PALM BEACH FL 33408
------------------------------------------------------------------------------------	------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>06/27/1997</b>	
4. FEI Number <b>65-0785518</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 6228
22 City & State	27 City & State <b>Lake Worth, FL</b>
23 Zip	28 Zip <b>33466</b>
24 Country	29 Country <b>Palm Beach</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FORBES, PHILIP H**  
**11382 PROSPERITY FARMS RD**  
**SUITE 227**  
**PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCDOWELL, MATTHEW M</b>		1.2 NAME <b>Linda McConahy</b>	
STREET ADDRESS <b>100 LAKESHORE DR PH 56</b>		1.3 STREET ADDRESS <b>1115 Hibiscus Ave.</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL 33408</b>		1.4 CITY-ST-ZIP <b>Lehigh Acres, FL 33936-8402</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCDOWELL, REGINA A</b>		2.2 NAME <b>Susan Vance</b>	
STREET ADDRESS <b>100 LAKESHORE DR PH 56</b>		2.3 STREET ADDRESS <b>429 Greystone Terrace</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL 33408</b>		2.4 CITY-ST-ZIP <b>Athens, GA 30606</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHANCEY, SUSAN</b>		3.2 NAME <b>Chancey, Susan</b>	
STREET ADDRESS <b>P.O. BOX 6228</b>		3.3 STREET ADDRESS <b>408 Cheyenne Drive</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33466-6228</b>		3.4 CITY-ST-ZIP <b>Lake Worth, FL 33462</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORBES, PHILIP H</b>		4.2 NAME	
STREET ADDRESS <b>11382 PROSPERITY FARMS RD STE 227</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PALM BEACH FL 33410</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANCISCO, CURT</b>		5.2 NAME	
STREET ADDRESS <b>222 US HWY 1 SUITE 216</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TEQUESTA FL 33469</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIFFIN, NANCY</b>		6.2 NAME	
STREET ADDRESS <b>P.O. BOX 14190 N/A</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32804-2190</b>		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Chancey July 6, 1998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #