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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003708

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  
P O BOX 6228  
LAKE WORTH FL 33466  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/27/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0785518	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FORBES, PHILIP H 11382 PROSPERITY FARMS RD SUITE 227 PALM BEACH GARDENS FL 33410				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	1.1 TITLE	06/27/1997				
NAME	MCCONAHY, LINDA	1.2 NAME	65-0785518				
STREET ADDRESS	1115 HIBISCUS AVENUE	1.3 STREET ADDRESS					
CITY-ST-ZIP	LEHIGH ACRES FL 33936-8402	1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VANCE, SUSAN	2.2 NAME					
STREET ADDRESS	429 GREYSTONE TERRACE	2.3 STREET ADDRESS					
CITY-ST-ZIP	ATHENS GA 30606	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHANCEY, SUSAN	3.2 NAME					
STREET ADDRESS	408 CHEYENNE DRIVE	3.3 STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL 33462	3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FORBES, PHILIP H	4.2 NAME					
STREET ADDRESS	11382 PROSPERITY FARMS RD STE 227	4.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH PALM BEACH FL 33410	4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRANCISCO, CURT	5.2 NAME					
STREET ADDRESS	222 US HWY 1 SUITE 216	5.3 STREET ADDRESS					
CITY-ST-ZIP	TEQUESTA FL 33469	5.4 CITY-ST-ZIP	06/27/1997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRIFFIN, NANCY	6.2 NAME					
STREET ADDRESS	P.O. BOX 14190 N/A	6.3 STREET ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL 32604-2190	6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE: *M. Matthew McDowell* Date: 1/27/99 Daytime Phone # \_\_\_\_\_

CR2E037 (1/198)