

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 019 ****61.25

DOCUMENT # N97000003708

1. Entity Name

MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address

**8100 N.W. 27TH BLVD.
LAKE HOUSE D - AOT D-322
GAINESVILLE FL 32606
US**

**P O BOX 6228
LAKE WORTH FL 33466
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

65-0785518 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORBES, PHILIP H
11382 PROSPERITY FARMS RD
SUITE 227
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDOWELL, REGINA A	
STREET ADDRESS	8100 NW 27TH BLVD #D-322	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANCE, SUSAN	
STREET ADDRESS	429 GREYSTONE TERRACE	
CITY-ST-ZIP	ATHENS GA 30606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANCEY, SUSAN	
STREET ADDRESS	408 CHEYENNE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORBES, PHILIP H	
STREET ADDRESS	11382 PROSPERITY FARMS RD STE 227	
CITY-ST-ZIP	NORTH PALM BEACH FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCISCO, CURT	
STREET ADDRESS	2141 S ALT A1A STE 400	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, NANCY	
STREET ADDRESS	5116 SW 94TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608-4177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda McConahy	
STREET ADDRESS	1115 Hibiscus Avenue	
CITY-ST-ZIP	Lehigh, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan D. Chancey Susan D. Chancey, Sec/Treas. 2/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #