


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003708 1. Entity Name MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDATION, INC.	
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Principal Place of Business 8100 N.W. 27TH BLVD. LAKE HOUSE D - AOT D-322 GAINESVILLE FL 32606 US	Mailing Address P O BOX 6228 LAKE WORTH FL 33466 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0785518
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E037 (10/07)

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
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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 (optional) (NOTE: Registered Agent signature required when re-registering))

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete MCCONAHY, LINDA 1115 HIBISSCUSS AVENUE LEHIGH ACRES FL 33936	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U0000085911U 04/02/08-80004-026 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete VANCE, SUSAN 429 GREYSTONE TERRACE ATHENS GA 30606	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete CHANCEY, SUSAN 408 CHEYENNE DRIVE LAKE WORTH FL 33462	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete FORBES, PHILIP H 11382 PROSPERITY FARMS RD STE 227 NORTH PALM BEACH FL 33410	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete FRANCISCO, CURT 2141 S ALT A1A STE 400 JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete GRIFFIN, NANCY 5116 SW 94TH STREET GAINESVILLE FL 32608-4177	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; Secretary Treasurer 3/10/08