

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 04, 2009  
Secretary of State

DOCUMENT# N97000003708

Entity Name: MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7950 N.W. 27TH BLVD.  
APT. R-7  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

P O BOX 6228  
LAKE WORTH, FL 33466 US

**New Mailing Address:**

FEI Number: 65-0785518      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MCCONAHY, LINDA  
Address: 1115 HIBISCUSS AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D      ( ) Delete  
Name: VANCE, SUSAN  
Address: 429 GREYSTONE TERRACE  
City-St-Zip: ATHENS, GA 30606

Title: D      ( ) Delete  
Name: CHANCEY, SUSAN  
Address: 408 CHEYENNE DRIVE  
City-St-Zip: LAKE WORTH, FL 33462

Title: D      ( ) Delete  
Name: FORBES, PHILIP H  
Address: 11382 PROSPERITY FARMS RD STE 227  
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: D      ( ) Delete  
Name: FRANCISCO, CURT  
Address: 2141 S ALT A1A STE 400  
City-St-Zip: JUPITER, FL 33477

Title: D      ( ) Delete  
Name: GRIFFIN, NANCY  
Address: 5116 SW 94TH STREET  
City-St-Zip: GAINESVILLE, FL 326084177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN D. CHANCEY

D

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date