

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000630

Entity Name: THE MCMASTER FAMILY FOUNDATION, INC.**Current Principal Place of Business:**215 SOUTH OCEAN GRANDE DRIVE
UNIT 201
PONTE VEDRA, FL 32082**Current Mailing Address:**215 SOUTH OCEAN GRANDE DRIVE
UNIT 201
PONTE VEDRA, FL 32082**FEI Number: 03-0577385****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCMASTER, LEE P
215 SOUTH OCEAN GRANDE DRIVE
UNIT 201
PONTE VEDRA, FL 32082 US*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**Officer/Director Detail :**

Title	PTD
Name	MCMASTER, LEE P
Address	215 SOUTH OCEAN GRANDE DRIVE, UNIT 201
City-State-Zip:	PONTE VEDRA FL 32082

Title	SD
Name	MCMASTER, LORETTA W
Address	215 SOUTH OCEAN GRANDE DRIVE, UNIT 201
City-State-Zip:	PONTE VEDRA FL 32082

Title	VPD
Name	MCMASTER, CRAIG L
Address	8 MID WAY
City-State-Zip:	PURDYS NY 10578

Title	VPD
Name	MCMASTER, BRIAN W
Address	37 PICKWICK STREET
City-State-Zip:	FAIRFIELD CT 06825

I hereby 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 all other like empowered.

SIGNATURE: LEE P MCMASTER**PRESIDENT****03/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date