2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# 712506

Entity Name: TRUSTEES OF ALFRED B. MACLAY GARDENS, INC.

Current Principal Place of Business:

WELAUNEE PLANTATION
3100 WELAUNEE RD.
TALLAHASSE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

WELAUNEE PLANTATION
3100 WELAUNEE RD.
TALLAHASSE, FL 32308 US

New Mailing Address:

FEI Number: 59-6152374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVENPORT, LOUISE M
WELAUNEE PLANTATION
3100 WELAUNEE RD.
TALLAHASSEE, FL 32308 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: PD ( ) Delete
Name: BOWERS, MICHAEL M.,
Address: 11 KAY STREET
City-St-Zip: NEWPORT, RI 02840

Title: VD ( ) Delete
Name: HARDY, MARY JANE,
Address: 8 THE PARAPET BANORA PT.
City-St-Zip: NEW S. WALES, AUSTRALI,

Title: STD ( ) Delete
Name: BOWERS, ANTHONY,
Address: 570 PARK AVENUE
City-St-Zip: NEW YORK, NY 10021

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:

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: MICHAEL M BOWERS PD 05/08/2007
Electronic Signature of Signing Officer or Director — Date