

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738763

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: MACLAY SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

3737 MERIDIAN ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

3737 MERIDIAN ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-1778711      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:**

JABLON, WILLIAM  
3737 MERIDIAN ROAD  
TALLAHASSEE, FL      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: CD      ( ) Delete  
Name: LINES, BLUCHER  
Address: P.O. BOX 550  
City-St-Zip: QUINCY, FL 32353

Title: SD      ( ) Delete  
Name: DAVENPORT, CHRISTOPHER  
Address: 7360 MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: CD      ( ) Delete  
Name: OELTJEN, JARRET  
Address: 6054 MILLER'S LANDING COVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD      ( ) Delete  
Name: BARRON, TOM  
Address: P.O. BOX 900  
City-St-Zip: TALLAHASSEE, FL 32302

Title: VCD      ( ) Delete  
Name: MAHONEY, JOHN  
Address: 2920 IVANHOE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BLUCHER LINES

CD

07/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date