2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F04000003625

Entity Name: MAINE COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

245 MAIN ST
ELLSWORTH, ME 04605

New Principal Place of Business:

Current Mailing Address:

245 MAIN ST
ELLSWORTH, ME 04605

New Mailing Address:

FEI Number: 01-0391479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES ( ) Delete
Name: SCHMELZER, HENRY L.P.
Address: 245 MAIN ST
City-St-Zip: ELLSWORTH, ME 04605

Title: VP ( ) Delete
Name: POPE, ELLEN
Address: 245 MAIN ST
City-St-Zip: ELLSWORTH, ME 04605

Title: AS ( ) Delete
Name: CLEGHORN, PAMELA
Address: 245 MAIN ST
City-St-Zip: ELLSWORTH, ME 04605

Title: CFO ( ) Delete
Name: GEARY, JAMES E
Address: 245 MAIN ST
City-St-Zip: ELLSWORTH, ME 04605

Title: D ( ) Delete
Name: JACKSON, ANNE O
Address: 55 BURBANK LANE
City-St-Zip: YARMOUTH, ME 04096

Title: D ( ) Delete
Name: SPIRER, KENNETH
Address: 18 NEAL ST
City-St-Zip: PORTLAND, ME 04102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: JONES, MEREDITH H
Address: 245 MAIN ST
City-St-Zip: ELLSWORTH, ME 04605

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: AMY POLLIEN GA 02/23/2009

Electronic Signature of Signing Officer or Director — Date