

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008204

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE MCLAUGHLIN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

5119 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5119 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3688195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, VAUGHN M
1015 VICTORY LAKE DR
JACKSONVILLE, FL 32221 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: TP () Delete
Name: MCLAUGHLIN, VAUGHN M
Address: 1015 VICTORY LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: TV () Delete
Name: MCLAUGHLIN, NARLENE J
Address: 1015 VICTORY LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: TT () Delete
Name: HOLMES, LINDA
Address: 1005 EMILY'S WALK LN E
City-St-Zip: JACKSONVILLE, FL 32221

Title: ST () Delete
Name: WILLIAMS, REGENIA
Address: 11329 HARTLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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 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: NARLENE MCLAUGHLIN

TV

03/23/2009

Electronic Signature of Signing Officer or Director

Date