


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90107 013 \*\*\*\*61.25

<b>DOCUMENT # N02000001007</b>							
1. Entity Name THE M.C.L. FOUNDATION, INC.							
Principal Place of Business 11382 PROSPERITY FARMS ROAD SUITE 126 PALM BEACH GARDENS, FL 33410			Mailing Address 11382 PROSPERITY FARMS ROAD SUITE 126 PALM BEACH GARDENS, FL 33410				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 01-0614243			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LANE, MARCIA C 11382 PROSPERITY FARMS ROAD SUITE 126 PALM BEACH GARDENS, FL 33410			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	CRYSTAL L. NASSER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	LANE, MARCIA C	NAME	123 Dunes Edge Rd. Secretary				
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS	Jupiter, FL 33477				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	James J. Hennessey <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BALETTA, TAMMY	NAME	123 Dunes Edge Rd. Treasurer				
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS	JUP, FL 33477				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	D Katherine Antonucci <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	WARGO, DEIDRRE	NAME	336 Golfview Rd. #704				
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS	N. Palm Bch. FL 33408				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Marcia C. Lane</i>			Date: <i>2-28-06</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				