


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90133 050 \*\*\*\*61.25

DOCUMENT # N02000001007					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE		P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, MARCIA C	NAME		Marcia C Lane	
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS		11382 Prosperity Farms Rd, Ste 126	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP		Palm Beach Gardens, FL 33410	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENNESSEY, JAMES J	NAME			
STREET ADDRESS	123 DUNES EDGE RD	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARGO, DEIDRRE	NAME		Deidre Wargo	
STREET ADDRESS	11382 PROSPERITY FARMS ROAD, SUITE 126	STREET ADDRESS		11382 Prosperity Farms Rd, Ste 126	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP		Palm Beach Gardens, FL 33410	
TITLE	D <input type="checkbox"/> Delete	TITLE		T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTONCCI, KATHERINE	NAME		Kathryn Antonucci	
STREET ADDRESS	336 GOLFVIEW RD #704	STREET ADDRESS		11382 Prosperity Farms Rd, Ste 126	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP		Palm Beach Gardens, FL 33410	
TITLE	S <input type="checkbox"/> Delete	TITLE		VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NASSER, CRYSTAL L	NAME		Down Hirsch	
STREET ADDRESS	123 DUNES EDGE RD	STREET ADDRESS		11382 Prosperity Farms Rd, Ste 126	
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP		Palm Beach Gardens, FL 33410	
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>March 26, 07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40045523



03232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
01-0614243 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required