

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N02000001007

Entity Name: THE M.C.L. FOUNDATION, INC.

Current Principal Place of Business:

11382 PROSPERITY FARMS ROAD
SUITE 126
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

11382 PROSPERITY FARMS ROAD
SUITE 126
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 01-0614243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, MARCIA C
11382 PROSPERITY FARMS ROAD
SUITE 126
PALM BEACH GARDENS, FL 33410 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: P () Delete
Name: LANE, MARCIA C
Address: 11382 PROSPERITY FARMS ROAD, SUITE 126
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: WARGO, DEIDRE
Address: 11382 PROSPERITY FARMS ROAD, SUITE 126
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: ANTANUCCI, KATHRYN
Address: 11382 PROSPERITY FARMS RD, STE 126
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: NASSER, CRYSTAL L
Address: 123 DUNES EDGE RD
City-St-Zip: JUPITER, FL 33477

Title: VP () Delete
Name: HIRSCH, DAWN
Address: 11382 PROSPERITY FARMS RD, STE 126
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: MARCIA C LANE

Electronic Signature of Signing Officer or Director

PRES

01/27/2009

_____ Date