# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 16, 2009**
**Secretary of State**

DOCUMENT# N02000007988

**Entity Name:** MCAC REEF FUND, INC.

**Current Principal Place of Business:**

4174 SE OAKLAND ST
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

4174 SE OAKLAND ST
STUART, FL 34997

**New Mailing Address:**

**FEI Number: 51-0432371** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BURKE, JOHN J
4174 SE OAKLAND STREET
STUART, FL 34997 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: | BURKE, JOHN J | |
| Address: | 4174 SE OAKLAND STREET | |
| City-St-Zip: | STUART, FL 34997 | |
| Title: | D | ( ) Delete |
| Name: | WICKSTROM, KARL | |
| Address: | 2700 SOUTH KANNER HIGHWAY | |
| City-St-Zip: | STUART, FL 34994 | |
| Title: | D | ( ) Delete |
| Name: | LEHNER, JOE | |
| Address: | 3585 SE ST. LUCIE BLVD. | |
| City-St-Zip: | STUART, FL 349975433 | |
| Title: | D | ( ) Delete |
| Name: | POWELL, DAVID | |
| Address: | 2831 SE ST LUCIE BLVD | |
| City-St-Zip: | STUART, FL 34997 US | |
| Title: | D | ( ) Delete |
| Name: | JIM, WEIX | |
| Address: | 1418 SE SEA HAWK WAY | |
| City-St-Zip: | PALM CITY, FL 34990 US | |

**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: JOHN J BURKE PRES 06/16/2009

Electronic Signature of Signing Officer or Director — Date