

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009751**

1. Entity Name

**MCNAMARA FAMILY FOUNDATION, INC.**



Principal Place of Business

**781 CRANDON BLVD APT 1601  
KEY BISCAYNE, FL 33149**

Mailing Address

**781 CRANDON BLVD APT 1601  
KEY BISCAYNE, FL 33149**



04262004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**14-1861856**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE STE 3000  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**U000000158329  
05/07/04-80016-022 66.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNAMARA, JAMES M
STREET ADDRESS	781 CRANDON BLVD APT 1601
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	MCNAMARA, ELIZABETH
STREET ADDRESS	781 CRANDON BLVD APT 1601
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	MCNAMARA, LANA
STREET ADDRESS	781 CRANDON BLVD APT 1601
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	MCNAMARA, CHRISTINE
STREET ADDRESS	781 CRANDON BLVD APT 1601
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**5/1/04**