


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002398	
1. Entity Name MALLONEE FAMILY FOUNDATION, INC.	

Principal Place of Business 2705 S. INDIAN RIVER DR. FT. PIERCE, FL 34950	Mailing Address 2705 S. INDIAN RIVER DR. FT. PIERCE, FL 34950
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02172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2493479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALLONEE, JOHN D.
2705 S. INDIAN RIVER DR.
FT. PIERCE, FL 34950**

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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLONEE, JOHN D. 2705 S. INDIAN RIVER DR. FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLONEE, ELIZABETH H. 2705 S. INDIAN RIVER DR. FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLONEE, BRIAN H. 1110 HERNANDO FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLONEE, SARAH M. 2705 S. INDIAN RIVER DR. FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/07-80007-024 61.25

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: Elizabeth H. Mallonee Elizabeth H. Mallonee 2/25/07 772 465 8299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #