

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N05000002398**

1. Entity Name  
**MALLONEE FAMILY FOUNDATION, INC.**



**FILED**

**Mar 26, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

2705 S. INDIAN RIVER DR.  
FT. PIERCE, FL 34950

Mailing Address

2705 S. INDIAN RIVER DR.  
FT. PIERCE, FL 34950



01212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2493479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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04/09/08-80101-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Heard Mallonee*  
*22 March 2008*

*Elizabeth Heard Mallonee*