

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002398

FILED  
Feb 14, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-2493479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALLONEE, JOHN D  
2705 S. INDIAN RIVER DR.  
FT. PIERCE, FL 34950 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: DR.  
Name: MALLONEE, JOHN D  
Address: 2705 S. INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL 34950

Title: MRS.  
Name: MALLONEE, ELIZABETH H  
Address: 2705 S. INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL 34950

Title: MR  
Name: MALLONEE, BRIAN H  
Address: 1110 HERNANDO  
City-St-Zip: FT. PIERCE, FL 34949

Title: DR  
Name: MALLONEE, SARAH M  
Address: 2705 S. INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH H. MALLONEE

DIR

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date