2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2007 8:00 am Secretary of State

09-11-2007 90005 019 ****61.25

DOCUMENT # N05000010325 1. Entity Name MATTICK FAMILY FOUNDATION, INC.					9-11-2007 s	90003 019 *****61	.23	
Principal Place of Business 9335 SILVER LAKE DR. LEESBURG, FL 34788		Mailing Address 9335 SILVER LAKE DR. LEESBURG, FL 34788			- 4701 8811 8811 88	III RAJAJ IIAN BANKA INGA SEBUJ BI	ITITAL AL LABA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08102007 _{Cl}	ng-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 20-358878	-		optied For	
Zip	Country	Zip	Country	5. Certificate of St		□ \$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	T	7. Name and Add	ress of New F			
LOWMAN, WILLIAM R. JR.			Name					
1000 LEG	, WILLIAM R. JR. ION PLACE, STE. 1700 D, FL 32801		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
O NO WIDO	7,12 02001							
	ţw.		City	FL Zip Code				
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its reg	gistered office or regi	istered agent, or both, in	the State of Fi	orida. I am familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature req	quired when reinstating)		DATE		
	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		DATE //ake check payable trida Department of S		
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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:

ACALLY NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

08/06/07 352-787-3315 Date Daylors Phone #

Rachel A. Mattick Horn