2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N05000010325

Entity Name: MATTICK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

9335 SILVER LAKE DR.
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

9335 SILVER LAKE DR.
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 20-3588786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R. JR.
1000 LEGION PLACE, STE. 1700
ORLANDO, FL 32801 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: D ( ) Delete
Name: MATTICK, WILLIAM A.
Address: 9335 SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: MATTICK, ANN K.
Address: 9335 SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: MATTICK HORN, RACHEL A.
Address: 1410 S. 9TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: MATTICK, JULIE L.
Address: 2223 SPRUCE ST
City-St-Zip: BILLINGS, MO 59101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RACHEL A MATTICK HORN D 03/28/2009

Electronic Signature of Signing Officer or Director — Date