

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90083 011 \*\*\*\*61.25

**DOCUMENT # N05000012455**

1. Entity Name  
MCGILLICUDDY FAMILY FOUNDATION, INC.



Principal Place of Business  
3827 FLAMINGO AVE  
SARASOTA, FL 34242

Mailing Address  
3827 FLAMINGO AVE  
SARASOTA, FL 34242



04182007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3973066

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCGILLICUDDY, DENNIS J  
3827 FLAMINGO AVE  
SARASOTA, FL 34242

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MCGILLICUDDY, DENNIS J  
STREET ADDRESS 3827 FLAMINGO AVE  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE D  
NAME MCGILLICUDDY, GRACIELA S  
STREET ADDRESS 3827 FLAMINGO AVE  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE D  
NAME MCGILLICUDDY, DENNIS J JR  
STREET ADDRESS 1 SNAPPER LANE  
CITY-ST-ZIP FALMOUTH, MA 02540

TITLE D **EVANS**  
NAME MCGILLICUDDY, ALYSON  
STREET ADDRESS 1061 TUSCANY PL  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07