

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012455

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: MCGILLICUDDY FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3827 FLAMINGO AVE  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

3827 FLAMINGO AVE  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 20-3973066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGILLICUDDY, DENNIS J  
3827 FLAMINGO AVE  
SARASOTA, FL 34242 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: MCGILLICUDDY, DENNIS J  
Address: 3827 FLAMINGO AVE  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: MCGILLICUDDY, GRACIELA S  
Address: 3827 FLAMINGO AVE  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: MCGILLICUDDY, DENNIS J JR  
Address: 1 SNAPPER LANE  
City-St-Zip: FALMOUTH, MA 02540

Title: D ( ) Delete  
Name: EVANS, ALYSON  
Address: 1061 TUSCANY PL  
City-St-Zip: WINTER PARK, FL 32789

**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: DENNIS J. MCGILLICUDDY

D

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date