

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

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N05000012471

1. Entity Name
MACCUTCHEON FAMILY FOUNDATION, INC.



Principal Place of Business
55 SEABREEZE AVENUE
DELRAY BEACH, FL 33483

Mailing Address
55 SEABREEZE AVENUE
DELRAY BEACH, FL 33483



04152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACCUTCHEON, JAMES A
55 SEABREEZE AVENUE
DELRAY BEACH, FL 33483

**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	DP
NAME	MACCUTCHEON, JAMES A
STREET ADDRESS	55 SEABREEZE AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	DT
NAME	MACCUTCHEON, MEGAN E
STREET ADDRESS	55 SEABREEZE AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	DS
NAME	MACCUTCHEON, CANDICE H
STREET ADDRESS	55 SEABREEZE AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000718225
05/01/07-80013-015 61.25

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A.
Maccutcheon

Date

Daytime Phone #

4/15/07 301-592-3801