2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N05000012471

Entity Name: MACCUTCHEON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

55 SEABREEZE AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

55 SEABREEZE AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-3934032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACCUTCHEON, JAMES A
55 SEABREEZE AVENUE
DELRAY BEACH, FL 33483 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: DP ( ) Delete
Name: MACCUTCHEON, JAMES A
Address: 55 SEABREEZE AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT ( ) Delete
Name: MACCUTCHEON, MEGAN E
Address: 55 SEABREEZE AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: DS ( ) Delete
Name: MACCUTCHEON, CANDICE H
Address: 55 SEABREEZE AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: MACCUTCHEON, COLLEEN E MS.
Address: 55 SEABREEZE AVE
City-St-Zip: DELRAY BEACH, FL 33483

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: JAMES A. MACCUTCHEON MR 03/26/2009

Electronic Signature of Signing Officer or Director — Date