

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009040

FILED
Jan 20, 2009
Secretary of State

Entity Name: WILLIAM ROLLINGS MCMAHON ORGAN DONATION EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

4141 CHERRY LAUREL DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4141 CHERRY LAUREL DRIVE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-5477200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMAHON, KIM M
4141 CHERRY LAUREL DRIVE
PENSACOLA, FL 32504 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: MCMAHON, KIM M
Address: 4141 CHERRY LAUREL DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: MCMAHON, JOHN
Address: 375 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: CRAWFORD, J. PATRICK
Address: 11000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 325145750

Title: D () Delete
Name: SNOW, KAREN G MD
Address: 1921 E NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32514

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: KIM M. MCMAHON

Electronic Signature of Signing Officer or Director

DIR.

01/20/2009

Date