

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2011
Secretary of State**

DOCUMENT# N06000009040

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

Title: D
Name: VANDERGRIFF, STEVEN
Address: 12654 GANDALF LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: CRAWFORD, J. PATRICK
Address: 11000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32503

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

Title: D
Name: WILLIAMS, RONALD J
Address: 3120 ROTHSCHILD DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: STEWART, REVONDA
Address: 4281 BRIGHTON ROAD
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: KIM M. MCMAHON

EXDR

01/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date