

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010934

FILED
Feb 28, 2009
Secretary of State

Entity Name: MCCMEF, INC.

Current Principal Place of Business:

233 SAN JUAN DR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

233 SAN JUAN DR.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-4502139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, SUZANNE
233 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082 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: TAYLOR, SUZANNE M.
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DV () Delete
Name: TINNEY, BARBARA M.
Address: 541 MCCOLLUM CIR.
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: DS () Delete
Name: MANTOCK, LISA
Address: 2604 SPRING LAKE DR.
City-St-Zip: RICHARDSON, TX 75082

Title: DT () Delete
Name: MCCORMICK, WADE T.
Address: 352 S. MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: SUZANNE TAYLOR

DP

02/28/2009

Electronic Signature of Signing Officer or Director

Date