

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000696

FILED
May 15, 2009
Secretary of State

Entity Name: ROBERT MACK FOUNDATION, INC.

Current Principal Place of Business:

215 LECONTE COURT
MURFREESBORO, TN 37128

New Principal Place of Business:

Current Mailing Address:

215 LECONTE COURT
MURFREESBORO, TN 37128

New Mailing Address:

FEI Number: 41-2221966 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACK, SUSAN K
18841 SE OLD TRAIL WEST
JUPITER, FL 33478 US

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: P () Delete
Name: MACK, SUSAN K
Address: 215 LECONTE COURT
City-St-Zip: MURFREESBORO, TN 37128

Title: S () Delete
Name: FOSHEE, KAREN
Address: 315 HWY 287
City-St-Zip: GREENBRIER, AR 72058

Title: D () Delete
Name: WALLACE, LARRY C
Address: 1005 DOWNING ST
City-St-Zip: BENTON, AR 72019

Title: D () Delete
Name: BALENTINE, TERRY
Address: 3302 ROBINWOOD DRIVE
City-St-Zip: MURFREESBORO, TN 37128

Title: D () Delete
Name: BENNETT, AMY
Address: 5924 PINE STREET
City-St-Zip: JUNEAU, AK 99801

Title: D () Delete
Name: REYES, TERRI
Address: 11 LAWSON RD
City-St-Zip: GREENBRIER, AR 72058

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:

Title: D (X) Change () Addition
Name: BENNETT, AMY
Address: 215 LECONTE COURT
City-St-Zip: MURFREESBORO, TN 37128

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: SUSAN MACK

PRES

05/15/2009

Electronic Signature of Signing Officer or Director

Date