# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2010**
**Secretary of State**

DOCUMENT# N09000004659

**Entity Name:** MCJUNKIN FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

549 N.E. 21ST COURT
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

549 N.E. 21ST COURT
WILTON MANORS, FL 33305

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, KENNETH M
MOODY JONES INGINO & MOREHEAD, P.A.
1333 SOUTH UNIVERSITY DRIVE, SUITE 201
PLANTATION, FL 33324 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: PASC
Name: MCJUNKIN, W.S.
Address: 549 NE 21ST COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: D
Name: MCJUNKIN, W.S.
Address: 549 NE 21ST COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: SCFO
Name: MCJUNKIN, FRANCES
Address: 549 N.E. 21ST COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: D
Name: MCJUNKIN, FRANCES
Address: 549 N.E. 21ST COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: D
Name: JONES, KENNETH M
Address: 1333 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

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: KENNETH M. JONES D 02/01/2010
Electronic Signature of Signing Officer or Director — Date