

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008822

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** MARTIN MCNABB FAMILY REUNION 2010 INC.

**Current Principal Place of Business:**

16039 SW 155 COURT  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

16039 SW 155 COURT  
MIAMI, FL 33187

**New Mailing Address:**

**FEI Number:** 27-0867186      **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:**

ARCHIBALD, MYSHJUA  
16039 SW 155 COURT  
MIAMI, FL 33187      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:** DIR  
**Name:** ARCHIBALD, MYSHJUA  
**Address:** 16039 SW 155 CT  
**City-St-Zip:** MIAMI, FL 33187

**Title:** DIR  
**Name:** ALLEN, KAHAHN  
**Address:** 16039 SW 155 CT  
**City-St-Zip:** MIAMI, FL 33187

**Title:** DIR  
**Name:** ALLEN, WALLACE J IV  
**Address:** 6969 CHURCH AVENUE  
**City-St-Zip:** HIGHLAND, CA 92346

**Title:** DIR  
**Name:** STEVENS, RUTH  
**Address:** 16039 SW 155 CT  
**City-St-Zip:** MIAMI, FL 33187

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: MYSHJUA ARCHIBALD

DIR

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date