FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:36

DOCUMENT # N36659 (3)

1. Corporation Name

THE WILL MCLEAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
% MARGARET LONGHILL ~~9264 N. SANTOS DRIVE~~ ~~CITRUS SPRINGS FL 32630~~	% MARGARET LONGHILL ~~9264N. SANTOS DRIVE~~ ~~CITRUS SPRINGS FL 32630~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 02/09/1994
4. FEI Number: ~~59-2997497~~ ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 12088 PALMETTO CT.
22 Suite, Apt. #, etc.: DUNNELLON FL
23 City & State:
24 Zip: 34430 25 Country: MARION

2a. Mailing Address
26: P.O. BOX 3435
27 Suite, Apt. #, etc.:
28 City & State: DUNNELLON, FL
29 Zip: 34430 30 Country: MARION

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONGHILL, MARGARET
~~9264 N. SANTOS DRIVE~~
~~CITRUS SPRINGS FL 32630~~
12088 PALMETTO CT.
DUNNELLON FL
34430

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Margaret Longhill — 3-22-95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DINELLA, MARY ANN	1.2 NAME		
STREET ADDRESS	7507 HANNA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	LONGHILL, MARGARET	2.2 NAME		
STREET ADDRESS	9264 N. SANTOS DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, FRANK	3.2 NAME		
STREET ADDRESS	P O BOX 1271 NA	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, GILBERT	4.2 NAME		
STREET ADDRESS	52 WEEDEN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	TODD, BARBARA SHEEN	5.2 NAME		
STREET ADDRESS	1934 ARROWHEAD DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Longhill — 3-10-95 — 904-465-7208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
MARGARET LONGHILL

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