

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36659 (3)

1. Corporation Name

THE WILL MCLEAN FOUNDATION, INC.



Principal Place of Business

**12088 PALMETTO CT
DUNNELLON FL 34430
US**

Mailing Address

**P. O. BOX 3435
DUNNELLON FL 34430
US**

3. Date Incorporated or Qualified
02/16/1990

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2997497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DINELLA, MARY ANN**
STREET ADDRESS **7507 HANNA AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **DP** ☐ DELETE
NAME **LONGHILL, MARGARET**
STREET ADDRESS **9264 N. SANTOS DR.**
CITY-ST-ZIP **CITRUS SPRINGS FL**

TITLE **DS** ☐ DELETE
NAME **THOMAS, FRANK**
STREET ADDRESS **P O BOX 1271 NA**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **DT** ☒ DELETE
NAME **THOMAS, GILBERT**
STREET ADDRESS **52 WEEDEEN ST**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **DV** ☐ DELETE
NAME **TODD, BARBARA SHEEN**
STREET ADDRESS **1934 ARROWHEAD DR**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DT** ☐ Change ☒ Addition
12 NAME **ROSEMARY HOFFMAN**
13 STREET ADDRESS **10140 LYNHAVEN DRIVE**
14 CITY-ST-ZIP **SPRING HILL FL 34608**

21 TITLE ☒ Change ☐ Addition
22 NAME **P.O. BOX 3435**
23 STREET ADDRESS **DUNNELLON, FL 34430-3435**
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

352-489-3766

Date

Daytime Phone #

CR2E037 (12/95)