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Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

12088 PALMETTO CT  
DUNNELLON FL 34430  
USP. O. BOX 3435  
DUNNELLON FL 34430-3435  
US3. Date Incorporated or Qualified  
02/16/19903a. Date of Last Report  
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number  
59-2997497Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONGHILL, MARGARET  
~~9204 N. SANTOS DRIVE~~  
CITRUS SPRINGS FL 32630P.O. BOX 3425  
DUNNELLON, FL  
34430-3435

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DINELLA, MARY ANN  
STREET ADDRESS 7507 HANNA AVE  
CITY - ST - ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE DP ☐ DELETE  
NAME LONGHILL, MARGARET  
STREET ADDRESS POST OFFICE BOX 3435  
CITY - ST - ZIP DUNNELLON FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE DS ☐ DELETE  
NAME THOMAS, FRANK  
STREET ADDRESS P O BOX 1271 NA  
CITY - ST - ZIP LAKE WALES FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE DT ☐ DELETE  
NAME HOFFMAN, ROSEMARY  
STREET ADDRESS 10140 LYNHAVEN DRIVE  
CITY - ST - ZIP SPRING HILL FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE DV ☐ DELETE  
NAME TODD, BARBARA SHEEN  
STREET ADDRESS 1934 ARROWHEAD DR  
CITY - ST - ZIP ST. PETERSBURG FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORMARGARET LONGHILL 1-14-97  
Date Daytime Phone # 0065053

CR2E037 (9/96)