

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36659**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2997497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGHILL, MARGARET  
12088 PALMETTO CT  
DUNNELLON FL 34432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
LONGHILL, MARGARET ☐ Delete  
STREET ADDRESS  
PO BOX 3435 N/A  
CITY-ST-ZIP  
DUNNELLON FL

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

TITLE  
NAME  
CONNORS, NIKKI ☐ Delete  
STREET ADDRESS  
20232 PALMETTO LANE  
CITY-ST-ZIP  
DUNNELLON FL 34432

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
U00000031894  
02/04/04-80167-013 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margaret Longhill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04 352) 489-3766

Date

Daytime Phone #