2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# N36659

Entity Name: THE WILL MCLEAN FOUNDATION, INC.

Current Principal Place of Business:

12088 PALMETTO CT
DUNNELLON, FL 34430 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3435
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 59-2997497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGHILL, MARGARET
12088 PALMETTO CT
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: DINELLA, MARY ANN,
Address: 7507 HANNA AVE
City-St-Zip: TAMPA, FL

Title: DP ( ) Delete
Name: LONGHILL, MARGARET,
Address: PO BOX 3435 N/A
City-St-Zip: DUNNELLON, FL

Title: DS ( ) Delete
Name: THOMAS, FRANK,
Address: P O BOX 1271 NA
City-St-Zip: LAKE WALES, FL

Title: DT ( ) Delete
Name: CONNORS, NIKKI
Address: 20232 PALMETTO LANE
City-St-Zip: DUNNELLON, FL 34432

Title: DV ( ) Delete
Name: TODD, BARBARA SHEEN,
Address: 1934 ARROWHEAD DR
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGARET LONGHILL DP 04/26/2008
Electronic Signature of Signing Officer or Director — Date