

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36659

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** THE WILL MCLEAN FOUNDATION, INC.

**Current Principal Place of Business:**

12088 PALMETTO CT  
DUNNELLON, FL 34432 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  
**Name:** DINELLA, MARY ANN  
**Address:** 7507 HANNA AVE  
**City-St-Zip:** TAMPA, FL

**Title:** DP  
**Name:** LONGHILL, MARGARET  
**Address:** PO BOX 3435 N/A  
**City-St-Zip:** DUNNELLON, FL 34430

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARGARET LONGHILL

DP

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date