

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N41289

1. Entity Name

THE MCNULTY CHARITABLE FOUNDATION, INC.



Principal Place of Business

%HARVEY CAPITAL MANAGEMENT
400 ROYAL PALM WAY, SUITE 400
PALM BEACH, FL 33480

Mailing Address

%HARVEY CAPITAL MANAGEMENT
400 ROYAL PALM WAY, SUITE 400
PALM BEACH, FL 33480



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0229961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, ROBERT D
400 ROYAL PALM WAY
SUITE 400
PALM BEACH, FL 33480

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IN THIS SPACE**

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: *Robert D. Harvey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: *1/5/07*

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CAMPBELL, KIM K
8965 SE BRIDGE RD, STE 202
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARVEY, ROBERT
160 DUNBAR ROAD
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CAMPBELL, ROLLA
8965 SE BRIDGE RD, STE 202
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000580421
01/10/07-80046-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert D. Harvey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07 *361-804-9181*