

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41289

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE MCNULTY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0229961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, ROBERT D
400 ROYAL PALM WAY
SUITE 400
PALM BEACH, FL 33480 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: STD () Delete
Name: CAMPBELL, KIM K
Address: 8965 SE BRIDGE RD, STE 202
City-St-Zip: HOBE SOUND, FL 33455

Title: PD () Delete
Name: HARVEY, ROBERT
Address: 160 DUNBAR ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: CAMPBELL, ROLLA
Address: 8965 SE BRIDGE RD, STE 202
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: MCNULTY, DALE
Address: 529 SO. FLAGLER DR., APT 23F
City-St-Zip: WEST PALM BEACH, FL 33401

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: ROBERT D HARVEY

PD

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date