

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90161 044 ****61.25

DOCUMENT # N48915
1. Entity Name
MCLAMORE FAMILY FOUNDATION, INC.



Principal Place of Business
**10250 LAKESIDE DR
CORAL GABLES, FL 33156**

Mailing Address
**10250 LAKESIDE DR
CORAL GABLES, FL 33156**

50024557



2. Principal Place of Business		3. Mailing Address		02222005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1896729		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KELLY, PETER J 100 S. ASHELY DRIVE SUITE 1300 TAMPA, FL 33601				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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAMORE, NANCY N.			NAME			
STREET ADDRESS	10250 LAKESIDE DR			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33156			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCE, PAMELA M			NAME	Spence, Pamela M		
STREET ADDRESS	9609 PATRIDGE LANE			STREET ADDRESS	9609 Partridge Lane		
CITY-ST-ZIP	CRYSTAL LAKE, IL 60014			CITY-ST-ZIP	Crystal Lake, IL 60014		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAMORE, STERLING W SR			NAME			
STREET ADDRESS	5133 SAN JOSE ST			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDUX, LYNNE M			NAME			
STREET ADDRESS	311 WHITSON CHAPEL ROAD			STREET ADDRESS			
CITY-ST-ZIP	COOKEVILLE, TN 38506			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MC CORMACK, SUSAN M			NAME			
STREET ADDRESS	119 STONE HOLLOW			STREET ADDRESS			
CITY-ST-ZIP	FREDERICKSBURG, TX 78624			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nancy N. McLamore 3/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #